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ABSTRACT

The National Household Education Survey (NHES) is a data collection system of the National Center for Education Statistics (NCES) designed to address a wide range of education-related issues. It is a telephone survey of the noninstitutionalized civilian population. In 1995, the NHES was designed to cover two topical components, Early Childhood Program Participation (ECPP) and Adult Education (AE). The ECPP component includes all children from birth through third grade. For the AE component, interviews were conducted with persons aged 16 and older and not enrolled in elementary or secondary school. About 45,500 households were screened for the two components, and 14,064 interviews were completed for the ECPP component and 19,722 for the AE component. This document contains the interviewer text for the: (1) NHES:95 basic screener interview; (2) the NHES ECPP interview; and (3) the NHES:95 AE interview. (Contains one table and two exhibits.) (SLD)

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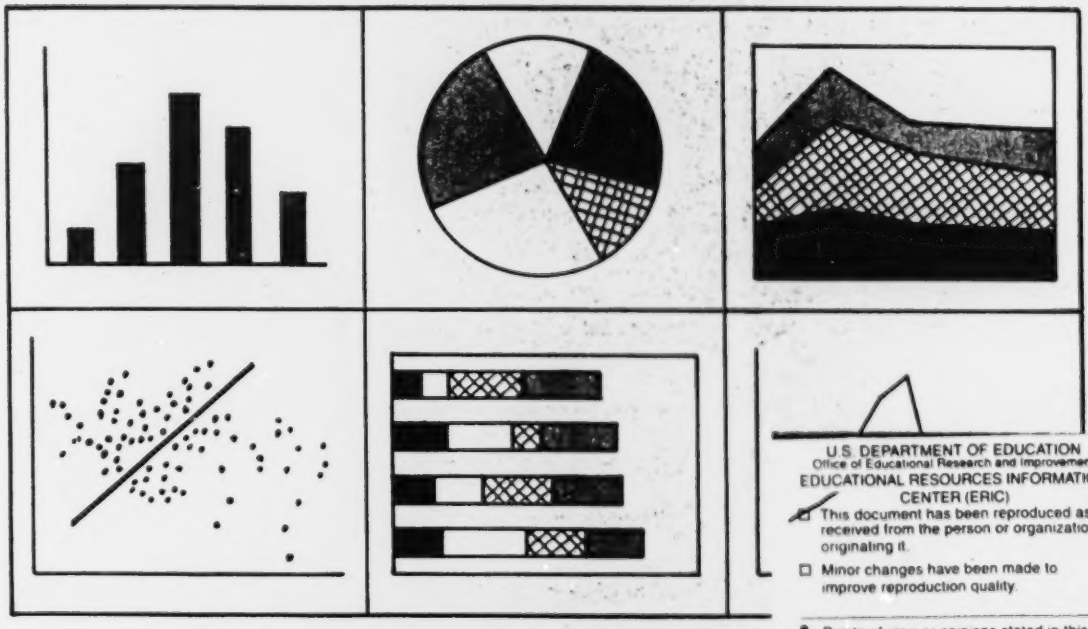
Working Paper Series

1995 National Household Education Survey (NHES:95) Questionnaires:

Screener, Early Childhood Program Participation, and Adult Education

Working Paper No. 96-22 October 1996



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Office of Educational Research and Improvement

1995 National Household Education Survey (NHES:95) Questionnaires:

Screener, Early Childhood Program Participation, and Adult Education

Working Paper No. 96-22 October 1996

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October 1996

Foreword

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1995 National Household Education Survey (NHES:95) Questionnaires:

Screener, Early Childhood Program Participation, and Adult Education

October 1996

Table of Contents

Section	*Page*
Foreword	iii
Overview of the 1995 National Household Education Survey (NHES:95)	1
NHES:95 Basic Screener	Basic Screener-1
NHES:95 Early Childhood Program Participation Interview	ECPP-1
A. Initial Background	ECPP-1
B. Kindergarten History and Experience	ECPP-7
C. Primary School History and Experience	ECPP-10
D. Relative Care	ECPP-12
E. Nonrelative Care	ECPP-17
F. Head Start Programs	ECPP-22
G. Center-Based Programs/Including School-Based Programs	ECPP-27
H. Program Confirmation	ECPP-34
I. Parent Preferences	ECPP-34
J. Self-Care: Primary School Children Only	ECPP-35
K. Program Continuity	ECPP-36
L. Home Activities	ECPP-38
M. Health and Disability	ECPP-39
N. Parent/Guardian Characteristics: Mother Items	ECPP-42
O. Parent/Guardian Characteristics: Father Items	ECPP-47
P. Household Characteristics	ECPP-49
NHES:95 Adult Education Interview	AE-1
A. Initial Background	AE-1
B. English as a Second Language	AE-4
C. Basic Skills and GED Preparation	AE-12
D. Credential	AE-21
E. Apprenticeship	AE-27
F. Career or Job Related Activities	AE-28
G. Other Formal Structured Activities	AE-36
H. Computer-Only or Interactive Video-Only Instruction on the Job	AE-40
I. Remaining Background	AE-41
J. Household Characteristics	AE-48

Overview of the 1995 National Household Education Survey (NHES:95)

The NHES:95 is designed to cover two topical components: **Early Childhood Program Participation (ECPP)** and **Adult Education (AE)**. Each of these components is related to one of the President's and Governors' National Education Goals. The ECPP component addresses issues of importance to Goal 1, "By the year 2000, all children in America will start school ready to learn." The AE component is associated with Goal 6, which states that "By the year 2000, every adult American will be literate and will possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship." ECPP and AE were also addressed in a previous administration of the NHES in 1991. Based on that experience and on the recommendations of experts in the relevant fields, modifications to the components were made for the 1995 administration.

The NHES:95 is a cross-sectional telephone survey of households with data collection occurring in January through April of 1995. Households were sampled using list-assisted random digit dialing methods. About 45,500 households were screened to identify eligible respondents.

Target Populations and Sample Sizes

The **ECPP component** includes all children from birth through 3rd grade, up to age 10 (as of December 31, 1994). The parent or guardian who knows the most about the child's care and education were interviewed. Typically, the respondents to the ECPP interview were the mothers of the sampled children. Up to two children in each household were selected.

For the **AE component**, interviews were conducted with persons who were age 16 and older and not enrolled in elementary or secondary school. Adults who had not finished high school and persons identified as adult education participants at the screening stage were oversampled. In most households, only one adult was interviewed; two adults were sampled if one or more adults in the household were AE participants who had not completed high school. In order to examine methodological issues associated with the measurement of adult education participation, a brief interview replicating the NHES:91 items determining participation status was also conducted with a special sample of adults, called the **splice sample**.

Numbers of completed interviews for each component of the NHES:95 are shown in table 1.

Table 1. Number of completed interviews for the NHES:95

Type of interview	Number of completed interviews
Early Childhood Program Participation Interview	14,064
Adult Education Interview	19,722
Splice Sample Adult Education Interview	3,569

Content of the NHES:95 Early Childhood Program Participation (ECPP) Component

The ECPP component focuses on children's participation in a range of care arrangements and program settings. It addresses nonparental care, that is care by persons other than the child's own parents or guardians. The ECPP interview contains three major "paths" or sets of questions that are appropriate to the three populations of interest: infants/toddlers (children age 0 to 2), preschoolers (those children age 3 and older who are not yet enrolled in kindergarten), and kindergartners and primary school students through third grade. While some items are different for kindergartners and primary students, their interview paths are largely the same.

Exhibit 1. NHES:95 Early Childhood Program Participation interview content by major path

Infant/Toddler path	Preschooler path	Kindergarten and Primary School paths
Introductory information: birth date, race/ethnicity, child's language, household member relationships	Introductory information: birth date, race/ethnicity, child's language, household member relationships	Introductory information: birth date, race/ethnicity, child's language, household member relationships
	School status	School status
		School history and experience
Relative care programs	Relative care programs	Relative care programs
Nonrelative care programs	Nonrelative care programs	Nonrelative care programs
	Head Start programs	Head Start programs (prior to kindergarten)
Center-based programs	Center-based programs	Centers for before/after school programs
Parent preferences	Parent preferences	Parent preferences
		Self-care
Continuity of arrangements	Continuity of arrangements	Continuity of arrangements
Reading at home	Literacy activities	Literacy activities
Child health and disability	Child health and disability	Child health and disability
Parent/guardian characteristics	Parent/guardian characteristics	Parent/guardian characteristics
Household characteristics	Household characteristics	Household characteristics

Content of the NHES:95 Adult Education (AE) Component

The NHES:95 AE component addresses participation in a wide variety of educational activities. These include programs to improve basic skills and obtain a high school equivalency certificate, English as a Second Language (ESL) courses, credential programs for certificates or degrees, apprenticeships, courses related to work, other formal structured courses taken for any reason, and computer-only or video-only instruction on the job. This broad view of adult education is designed to provide a comprehensive picture of the extent to which adults in the United States are participating in a wide range of educational activities. Within these types of education, participants were asked about topics such as the amount of time spent in programs or courses, costs associated with participation, employer support of participation, and motivations for taking the courses or programs.

Exhibit 2. NHES:95 Adult Education interview content by population

Persons with less than high school or GED	Non-native speakers of English	All other adults
Background information: educational attainment, language origin, employment in the last 12 months	Background information: educational attainment, language origin, employment in the last 12 months	Background information: educational attainment, language origin, employment in the last 12 months
Adult basic education or GED preparation	Adult basic education or GED preparation (if h.s. diploma received in another country)	
	English as a Second Language	
Credential programs	Credential programs	Credential programs
Apprenticeship programs	Apprenticeship programs	Apprenticeship programs
Work-related education	Work-related education	Work-related education
Other formal structured courses	Other formal structured courses	Other formal structured courses
Computer-only or video-only instruction on the job	Computer-only or video-only instruction on the job	Computer-only or video-only instruction on the job
Additional background information: labor force status, industry and occupation, race, Hispanic origin, mo/yr of birth, marital status	Additional background information: labor force status, industry and occupation, race, Hispanic origin, mo/yr of birth, marital status	Additional background information: labor force status, industry and occupation, race, Hispanic origin, mo/yr of birth, marital status

NHES:95 Basic Screener

S1. Hello, my name is (INTERVIEWER) and I'm calling for the U.S. Department of Education. We are conducting a voluntary and confidential study about the educational experiences of both adults and children. These first questions usually take about 5 minutes. Are you a member of this household and at least 18 years old?

YES	1	(GO TO S5)
NO	2	(GO TO S2)
BUSINESS	3	(GO TO S5)
GO TO RESULT	GT	
RETRY AUTODIALER	RT	

S2. May I please speak with a household member who is at least 18 years old?

AVAILABLE	1	(GO TO S1)
NOT AVAILABLE	2	(GO TO RESULT, CALLBACK APPT.)
THERE ARE NONE	3	(GO TO S3)
GO TO RESULT	GT	

S3. May I please speak with the male or female head of this household?

PERSON ON PHONE	1	(GO TO S5)
OTHER PERSON, AVAILABLE	2	(GO TO S4)
OTHER PERSON, NOT AVAILABLE	3	(GO TO RESULT, CALLBACK APPT.)
GO TO RESULT	GT	

S4. Hello, this is (INTERVIEWER) and I'm calling for the U.S. Department of Education. We are conducting a voluntary and confidential study about the educational experiences of both adults and children. This study will help the Department of Education plan educational programs in the U.S. These first questions usually take about 5 minutes. Are you a head of this household?

YES	1	(GO TO S5)
NO	2	(GO TO S3)
GO TO RESULT	GT	

S5. I would like to confirm that this number is for home use rather than only used for business. (Is this a home phone?)

HOME USE	1	(CONTINUE)
HOME AND BUSINESS USE	2	(CONTINUE)
BUSINESS USE ONLY	3	(GO TO THANK1)
GO TO RESULT	GT	

S6. Starting with yourself, please tell me just the first names and ages of all people who normally live in your household. What is your first name, please?

[HOUSEHOLD MEMBERS INCLUDE PEOPLE WHO THINK OF THIS HOUSEHOLD AS THEIR PRIMARY PLACE OF RESIDENCE. IT INCLUDES PERSONS WHO USUALLY STAY IN THE HOUSEHOLD BUT ARE TEMPORARILY AWAY ON BUSINESS, VACATION, IN A HOSPITAL, OR LIVING AT SCHOOL IN A DORMITORY, FRATERNITY, OR SORORITY.]

What is [your first name/the first name of the next person?]	How old [are you/is (he/she)]? 2	Is this person male or female?	SCREENER RESPONDENT
	AGE AGE1-AGE14	**SEX SEX1-SEX14**	

S6VERF1. [VERIFY THE NUMBER OF HOUSEHOLD MEMBERS LISTED ON THE MATRIX.]
Have we missed anyone else who usually lives here who is temporarily away from home or living in a dorm at school, or any babies or small children?

MATRIX CORRECT 1
RETURN TO MATRIX 2
GO TO RESULT 3

Ask S7-S10 for each person age 3-10 and age 16-19. If none, go to 2nd box after S10.

S7. Is (PERSON) attending (school/nursery school, kindergarten, or school)?

YES . . . . . 1 (GO TO BOX)
NO . . . . . 2 (GO TO BOX)

Ask S8 for each person age 5-10. Else, if person is age 3 or 4 or age 16-19 and enrolled in school, go to S9. Else, if not enrolled in school, go to first box after S10.

S8. (READ FIRST TIME: Some parents decide to educate their children at home rather than sending them to school.) Is (CHILD) being schooled at home?

YES . . . . . 1 (GO TO S10)
NO . . . . . 2 (GO TO BOX)

If person is enrolled in school, ask S9. Else go to 1st box after S10.

S9. What grade or year is (PERSON) attending?
[PROBE FOR T OR P: Is that before or after kindergarten?]

NURSERY/PRESCHOOL/PREKINDERGARTEN/HEADSTART	N	(GO TO BOX AFTER S10)
TRANSITIONAL KINDERGARTEN (BEFORE K)	T	(GO TO BOX AFTER S10)
KINDERGARTEN	K	(GO TO BOX AFTER S10)
PREFIRST GRADE (AFTER K)	P	(GO TO BOX AFTER S10)
FIRST GRADE	1	(GO TO BOX AFTER S10)
SECOND GRADE	2	(GO TO BOX AFTER S10)
THIRD GRADE	3	(GO TO BOX AFTER S10)
FOURTH GRADE	4	(GO TO BOX AFTER S10)
FIFTH GRADE	5	(GO TO BOX AFTER S10)
SIXTH GRADE	6	(GO TO BOX AFTER S10)
SEVENTH GRADE	7	(GO TO BOX AFTER S10)
EIGHTH GRADE	8	(GO TO BOX AFTER S10)
NINTH GRADE/FRESHMAN IN HIGH SCHOOL	9	(GO TO BOX AFTER S10)
TENTH GRADE/SOPHOMORE IN HIGH SCHOOL	10	(GO TO BOX AFTER S10)
ELEVENTH GRADE/JUNIOR IN HIGH SCHOOL	11	(GO TO BOX AFTER S10)
TWELFTH GRADE/SENIOR IN HIGH SCHOOL	12	(GO TO BOX AFTER S10)
UNGRADED ELEMENTARY/SECONDARY	U	(GO TO S10)
SPECIAL EDUCATION	S	(GO TO S10)
VOCATIONAL/TECHNICAL AFTER HIGH SCHOOL	15	(GO TO BOX AFTER S10)
COLLEGE (UNDERGRADUATE)	16	(GO TO BOX AFTER S10)
GRADUATE, PROFESSIONAL SCHOOL	17	(GO TO BOX AFTER S10)

[IF T: In this interview, we will be referring to that as "kindergarten."
IF P: In this interview, we will be referring to that as "prefirst grade."]

S10. What grade would (PERSON) be in if (he/she) were (attending school/attending a school with regular grades)?
[PROBE FOR T OR P: Is that before or after kindergarten?]

NURSERY/PRESCHOOL/PREKINDERGARTEN/HEADSTART	N
TRANSITIONAL KINDERGARTEN (BEFORE K)	T
KINDERGARTEN	K
PREFIRST GRADE (AFTER K)	P
FIRST GRADE	1
SECOND GRADE	2
THIRD GRADE	3
FOURTH GRADE	4
FIFTH GRADE	5
SIXTH GRADE	6
SEVENTH GRADE	7
EIGHTH GRADE	8
NINTH GRADE/FRESHMAN IN HIGH SCHOOL	9
TENTH GRADE/SOPHOMORE IN HIGH SCHOOL	10
ELEVENTH GRADE/JUNIOR IN HIGH SCHOOL	11
TWELFTH GRADE/SENIOR IN HIGH SCHOOL	12
UNGRADED/NO EQUIVALENT	U
VOCATIONAL/TECHNICAL AFTER HIGH SCHOOL	15
COLLEGE (UNDERGRADUATE)	16
GRADUATE, PROFESSIONAL SCHOOL	17

[IF T: In this interview, we will be referring to that as "kindergarten."
IF P: In this interview, we will be referring to that as "prefirst grade."]

Ask S7-S10 for next person age 3-10 or 16-19.
After last person, go to next box.

For splice sample, go to the sampling point.
Else, ask S11 and S12 for each person age 16 and older who is not currently enrolled in grade 12 or below, ungraded elementary or secondary, or special education.

S11. Now I have a few questions about [you/you and the other adult(s) in your household]. [Do you/Does (ADULT)] have a high school diploma or its equivalent, such as a GED?

YES 1
NO 2

S12. During the past 12 months [did you/did (ADULT)] take classes, programs, courses, workshops, or seminars of any kind for any reason?

YES 1
NO 2

After last adult, go to next box.

Sampling Point:
Select children and adults for extended interviews.
If any children are selected, go to next box.
If adults only are selected, go to box after S14.
If no one is selected, go to THANK2.

Ask S13 and S14 for each sampled child.
If there is only 1 household member 12 years old or older, autocode S13 to this adult.

S13. We would like to ask some questions about (CHILD'S) (care and) education. [IF SCREENER RESPONDENT IS OBVIOUSLY CHILD'S MOTHER, INSTEAD OF READING QUESTION, VERIFY RELATIONSHIP AND ENTER HER PERSON NUMBER.] Who is the parent or guardian <u>in this household</u> who knows the most about (CHILD'S) (care and) education?
[DISPLAY HOUSEHOLD MEMBERS 12 AND OLDER.]

PERSON NUMBER . . . . . ☐☐

S14. What is [your/(CAREGIVER'S) relationship to (CHILD)?

MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER) 1
FATHER (BIRTH/ADOPTIVE/STEP/FOSTER) 2
BROTHER/SISTER 3
GRANDPARENT 4
OTHER RELATIVE 5
NONRELATIVE 6

Ask S15 for sampled adults other than the Screener respondent who are enrolled in college, graduate school, or vocational/technical school after high school and are age 16 to 19, or are age 20 to 25. For other sampled adults, go to S17.

S15. Is (ADULT) living there, in student housing, or somewhere else?

HERE	1	(GO TO S17)
STUDENT HOUSING [This includes all housing owned, sponsored, or leased by the school such as a dormitory or fraternity or sorority house.]	2	(GO TO S16)
OTHER PRIVATE HOME OR APARTMENT	3	(INELIGIBLE)
INSTITUTION OR GROUP QUARTERS [THIS INCLUDES A JAIL OR DETENTION CENTER, MEDICAL FACILITY, REHABILITATION CENTER, MENTAL HEALTH FACILITY, MILITARY BARRACKS, OR GROUP FOSTER CARE.]	4	(INELIGIBLE)

S16. Would you please give me (his/her) last name and telephone number so that we can call (him/her) to talk about (his/her) educational experiences?

LAST NAME_____

PHONE_____

S17. [Are you/Is (ADULT)] currently serving on active duty in the U.S. Armed Forces? [DO NOT INCLUDE RESERVES OR NATIONAL GUARD.]

YES	1	(INELIGIBLE)
NO	2	(GO TO BOX)

Go to HHSELECT screen to select interview

THANK1. Thank you, but we are only interviewing in private residences.

THANK2. Thank you, but no one in your household has been selected for this study.

NHES:95 Early Childhood Program Participation Interview

INTRO. [READ DISPLAY IF RESPONDENT WAS NOT SCREENER RESPONDENT:]
[Hello, this is (INTERVIEWER). I'm calling on behalf of the U.S. Department of Education. We are conducting a voluntary and confidential study about the educational experiences of young children.]
I'd like to talk with you now about (CHILD). These questions usually take about (10 to 15/10) minutes.

A1. [Before we begin, I'd like to confirm (his/her) age.] In what month and year was (CHILD) born?

CDOBMM
CDOBYY

MONTH ( )

1	JANUARY	7	JULY
2	FEBRUARY	8	AUGUST
3	MARCH	9	SEPTEMBER
4	APRIL	10	OCTOBER
5	MAY	11	NOVEMBER
6	JUNE	12	DECEMBER

YEAR ( )

Calculate AGE94 = child's age on December 31, 1994.
Calculate current age for display in A2.

A2. That would mean that (CHILD) [is (AGE)/turns (AGE) this month]. Is that right?

*

YES . . . . . 1 (GO TO A3)
NO . . . . . 2 (RETURN TO A1)

If AGE94 => 11, go to CLOSE1. Else, ask A3.

A3. Is (CHILD)...

CRACE
CRACEOS/R

White, ... 1
Black, ... 2
American Indian or Alaska Native, ... 3
Asian or Pacific Islander, or 4
Another race? 91
What is that?_____

NOTE: Response categories shown in mixed cases (upper and lower) are read to the respondent by the interviewer. Those shown in all upper case are not read. Those shown in italics were added during data cleaning (i.e., additional codes were created from among the "specify" responses.

NOTE: In general, variables designated by /R appear on the restricted file only. However, some variables with this designation contained no responses and therefore were not included on the restricted file. Please consult the Proprietary Data File User's Guide for a specification of which variables were excluded from the file.

NOTE: Questions designated by * do not appear on any data file. They were used for administrative, verification, or coding purposes only.

A4. Is (he/she) of Hispanic origin?

CHISPANI

YES 1
NO 2

If AGE94 = > 2, ask A5. Else, go to RELINTRO.

A5. What language does (CHILD) speak most at home?

CHLDLANG
CHLDLAOS/R

ENGLISH 1
SPANISH 2
ANOTHER LANGUAGE 91
SPECIFY_____
CHILD DOESN'T SPEAK 3

RELINTRO. [NOT READ IF ONLY ONE ADULT IN THE HOUSEHOLD.]
Now I'd like to ask how the people in your household are related to (CHILD).

If the respondent is the child's mother/father, copy RESPRELN into RELATION and ask A7/A8, then ask A6 for every other household member. If respondent is not the child's mother/father, copy RESPRELN into RELATION and ask A6 for every other household member. Else, for Screener R, copy RESPRELN into RELATION.

A6. [FOR EACH HOUSEHOLD MEMBER EXCEPT RESPONDENT:]
How is (PERSON) related to (CHILD)?
[VERIFY IF KNOWN]

RELATN1-
RELATN13

MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER)	1	(GO TO A7)
FATHER (BIRTH/ADOPTIVE/STEP/FOSTER)	2	(GO TO A8)
BROTHERS AND SISTERS INCLUDING STEP, ADOPTED, AND FOSTER	3	(GO TO 1ST BOX BEFORE A9)
GRANDPARENT	4	(GO TO 1ST BOX BEFORE A9)
OTHER RELATIVE	5	(GO TO 1ST BOX BEFORE A9)
NONRELATIVE	6	(GO TO 1ST BOX BEFORE A9)

A7. [Are you/Is (PERSON)] (CHILD'S)...

MOMTYPE

Birth mother, ... 1
Adoptive mother, ... 2
Stepmother, or 3
Foster mother? 4

A8. [Are you/Is (PERSON)] (CHILD'S)...

DADTYPE

Birth father, ... 1
Adoptive father, ... 2
Stepfather, or 3
Foster father? 4

Set HHMOM:
1 = mother in household. 2 = no mom and no dad, female R. 3 = else.
Set HHDAD:
1 = father in household. 2 = no mom and no dad, male R. 3 = else.

Current School Status

If ECPP respondent was also the screener respondent, copy responses from the screener to A9, A10, A11, and A12 and follow the instructions below. Else, go to next box.

If A11 or A12 = 4 or 5, go to CLOSE1.
If A10 = 1 (home school), go to A13.
If AGE94 =< 2, go to 1st box after A19.
If AGE94 = 3 to 4 and A9 = 1 (enrolled), go to A19.
If AGE94 = 3 to 4 and A9 = 2 (not enrolled), go to 1st box after A19.
If AGE94 => 5 and A9 = 1 (enrolled) and A10 = 2, (not in home school), go to A14.
If AGE94 = 5 to 6 and A9 = 2 (not enrolled) and A10 = 2, (not in home school), go to A14.
Else, if AGE94 => 7 and A9 = 2 (not enrolled) and A10 = 2, (not in home school), go to CLOSE1.

If AGE94 => 3, ask A9. Else, go to 1st box after A19.

A9. Now I'd like to talk with you about (CHILD'S) school experiences. Is (CHILD) attending (school/nursery school, kindergarten, or school)?

ENROLL

YES . . . . . 1 (GO TO BOX)
NO . . . . . 2 (GO TO BOX)

If AGE94 => 5, ask A10.
If AGE94 = 3 to 4 and A9=1 (enrolled), go to A11.
Else, if AGE94 = 3 to 4 and A9 = 2 (not enrolled) go to 1st box after A19.

A10. Some parents decide to educate their children at home rather than sending them to school. Is (CHILD) being schooled at home?

HOMESCHL

YES	1	(GO TO BOX)
NO	2	(GO TO BOX)

If A10 = 1 (home school), go to A12.
If A9 = 1 (enrolled) and A10 = 2, (not in home school) ask A11.
If AGE94 = 5 to 6 and A9 = 2 (not enrolled) and A10 = 2, (not in home school), go to A14.
Else, if AGE94 = > 7 and A9 = 2 (not enrolled) and A10 = 2, (not in home school), go to CLOSE1.

A11. What grade or year is (CHILD) attending?
[PROBE FOR T OR P: Is that before or after kindergarten?]

GRADE

NURSERY/PRESCHOOL/PREKINDERGARTEN/HEADSTART	N	(GO TO BOX AFTER A12)
TRANSITIONAL KINDERGARTEN (BEFORE K)	T	(GO TO BOX AFTER A12)
KINDERGARTEN	K	(GO TO BOX AFTER A12)
PREFIRST GRADE (AFTER K)	P	(GO TO BOX AFTER A12)
FIRST GRADE	1	(GO TO BOX AFTER A12)
SECOND GRADE	2	(GO TO BOX AFTER A12)
THIRD GRADE	3	(GO TO BOX AFTER A12)
FOURTH GRADE	4	(GO TO CLOSE1)
FIFTH GRADE OR HIGHER	5	(GO TO CLOSE1)
UNGRADED	U	(GO TO A12)
SPECIAL EDUCATION	S	(GO TO A12)

[IF T: In this interview we will be referring to that as "kindergarten."
IF P: In this interview, we will be referring to that as "prefirst grade."]

A12. What grade would (CHILD) be in if (he/she) were [attending school/attending a school with regular grades]?
[PROBE FOR T OR P: Is that before or after kindergarten?]

GRADEEQ

NURSERY/PRESCHOOL/PREKINDERGARTEN/HEADSTART	N	(GO TO BOX)
TRANSITIONAL KINDERGARTEN (BEFORE K)	T	(GO TO BOX)
KINDERGARTEN	K	(GO TO BOX)
PREFIRST GRADE (AFTER K)	P	(GO TO BOX)
FIRST GRADE	1	(GO TO BOX)
SECOND GRADE	2	(GO TO BOX)
THIRD GRADE	3	(GO TO BOX)
FOURTH GRADE	4	(GO TO CLOSE1)
FIFTH GRADE OR HIGHER	5	(GO TO CLOSE1)
UNGRADED, NO EQUIVALENT	U	(GO TO BOX)

[IF T: In this interview we will be referring to that as "kindergarten."
IF P: In this interview, we will be referring to that as "prefirst grade."]

If AGE94 = 3 to 4 and A9 = 1 (enrolled), go to A19.
If A10 = 1 (home school), ask A13.
Else, go to A14.

A13. (I have a few more questions about (CHILD'S) schooling.) Has (CHILD) ever attended a public or private school other than home school?

EVRSCHL

YES . . . . . 1 (GO TO BOX AFTER A14)
NO . . . . . 2 (GO TO 1ST BOX AFTER A18)

A14. (I have a few more questions about (CHILD'S) schooling. I mentioned earlier that some parents decide to educate their children at home rather than sending them to school.) Since turning 5 years old, has (CHILD) ever been schooled at home instead of attending a public or private school?

EVRHOME

YES . . . . . 1 (GO TO BOX)
NO . . . . . 2 (GO TO 1ST BOX AFTER A18)

If A13 = 1 (ever attended a school) or A14 = 1 (ever home schooled), ask A15. Else, go to 1st box after A18.

A15. (Now I would like to talk with you about each of the grades (CHILD) has ever attended. For each grade, I would like to know whether (he/she) went to a school or was home schooled for the whole grade, or whether (he/she) spent part of the grade in school and part being home schooled. Let's start with kindergarten.)

HOMEK

For kindergarten, (did/has) (CHILD) only (go/gone) to a school, (was/has) (he/she) only (been) home schooled, or (did/has) (he/she) [do both/spent part of kindergarten in school and part being home schooled]?

ONLY SCHOOL 1
ONLY HOME SCHOOL 2
BOTH 3
DID NOT ATTEND KINDERGARTEN 4

If A11 or A12 = 1, 2, or 3 (grade/equivalent is first, second, or third), ask A16. Else, go to 1st box after A18.

A16. For first grade, (did/has) (CHILD) only (go/gone) to a school, (was/has) (he/she) only (been) home schooled, or (did/has) (he/she) (do/done) both?

HOME1

ONLY SCHOOL 1
ONLY HOME SCHOOL 2
BOTH 3
DID NOT ATTEND FIRST GRADE 4

If A11 or A12 = 2 or 3 (grade/equivalent is second or third), ask A17. Else, go to 1st box after A18.

A17. For second grade, (did/has) (CHILD) only (go/gone) to a school, (was/has) (he/she) only (been) home schooled, or (did/has) (he/she) (do/done) both?

HOME2

ONLY SCHOOL 1
ONLY HOME SCHOOL 2
BOTH 3
DID NOT ATTEND SECOND GRADE 4

If A11 or A12 = 3 (grade/equivalent is third), ask A18.
Else, go to 1st box after A18.

A18. For third grade, has (CHILD) only gone to a school, has (he/she) only been home schooled, or has (he/she) done both?

HOME3

ONLY SCHOOL 1
ONLY HOME SCHOOL 2
BOTH 3

If AGE94 = 5 to 6 and A9 = 2 (not enrolled) and A10 = 2 (not in home school), go to 1st box after A19.
Else, go to next box.

If A10 = 1 (home school), go to first box after A19.
Else, ask A19.

A19. What grade or year of school, if any, was (CHILD) attending one year ago, that is, in (MONTH) (YEAR)?
[PROBE FOR T OR P: Is that before or after kindergarten?]
[DISPLAY UP TO CURRENT GRADE ONLY]

LASTGRAD

NOT ENROLLED LAST YEAR 0
NURSERY/PRESCHOOL/PREKINDERGARTEN/HEADSTART . . N
TRANSITIONAL KINDERGARTEN (BEFORE K) . . . . . T
KINDERGARTEN . . . . . K
PREFIRST GRADE (AFTER K) . . . . . P
FIRST GRADE 1
SECOND GRADE 2
THIRD GRADE 3
UNGRADED . . . . . U

Set ECPATH:

I = AGE94 = 0 to 2 (Infants/Toddlers)

N = AGE94 = > 3 and [(A11/A12 (grade/equivalent) = N) OR (A9 = 2 (not enrolled) and A10 NE 1 (not in home school))] (Preschoolers)
AGE94 = 3, 4, or 5, and A12 (grade equivalent) = U, and A10 NE 1 (not in home school) (Preschoolers)
AGE94 = > 5 and A10 = 1 and A11/A12 = N (Preschoolers)

K = A11/A12 (grade/equivalent) = T, K, P, and A10 NE 1 (not in home school) (Kindergartners)

S = A11/A12 (grade/equivalent) = 1, 2, 3, and A10 NE 1 (not in home school) (Primary)
AGE94 = > 6, and A12 (grade equivalent) = U, and A10 NE 1 (not in home school) (Primary)

H = AGE94 = > 5 and A10 = 1 (home school) and A11/A12 (grade/equivalent) NE N (Home schoolers)

If ECPATH = I, N, or H, go to ECINTRO.
Else, if ECPATH = K or S, go to KINTRO.

Kindergarten History and Experience

KINTRO. Now I'd like to talk with you about (CHILD'S) kindergarten experiences.

If A11 or A12 (grade or equivalent) = T or K, go to B2 and autocode B1 = 1. If A19 (grade last year) = T or K, go to B2 and autocode B1 = 1. If ECPATH = S and A15=4 (did not attend kindergarten), autocode B1 = 2 and go to PINTRO. Else, if A11 or A12 (grade or equivalent) = P or ECPATH = S, ask B1.

B1. Did (CHILD) attend kindergarten before (prefirst grade/first grade)?

ATNDKIND

YES 1
NO 2

If ECPATH = S and (A15 = 2 or B1 = 2) (child was in home school for kindergarten or did not attend kindergarten), go to PINTRO.
If A11/A12 (grade/equivalent) = P and B1 = 2, (did not attend kindergarten), go to B3. Else, ask B2.

B2. Most school districts have guidelines about when a child can start school based upon his or her birth date. Did you enroll (CHILD) in kindergarten when (he/she) was old enough based on (his/her) birth date, or did you wait until (he/she) was older?

KPWAIT

WHEN OLD ENOUGH 1
WAITED 2
ENTERED EARLY 3

B3. How old was (CHILD) in years and months when (he/she) first started (kindergarten/prefirst grade)?

KPAGEYR
KPAGEMO

YEARS ( ) MONTHS ( )

If ECPATH = K and A19 ne T, K, P (did not attend kindergarten last year), go to B6.
If ECPATH = K and A19 = T, K, P (did attend kindergarten last year), go to B5. Else, if ECPATH = S, ask B4.

B4. Did (CHILD) attend one or two years of kindergarten?

KPYRS

ONE . . . . . 1 (GO TO B6)
TWO . . . . . 2 (GO TO B5)
THREE OR MORE . . . . . 3 (GO TO B5)

B5. When (CHILD) first started (kindergarten/prefirst grade), were you planning that (he/she) would attend (kindergarten for more than one year/both kindergarten and prefirst grade/prefirst grade for more than one year)?

KPPLAN

YES 1
NO 2

B6. (Does/Did) (CHILD) attend a public or private (kindergarten/prefirst grade)?
[IF CHILD ATTENDED MORE THAN ONE KINDERGARTEN, ASK ABOUT THE MOST RECENT ONE.]

KPPUBL

PUBLIC . . . . . 1 (GO TO B7)
PRIVATE . . . . . 2 (GO TO B8)

B7. (Is/Was) it (his/her) regularly assigned school or a school that you chose?
[IF CHILD ATTENDED MORE THAN ONE KINDERGARTEN, ASK ABOUT THE MOST RECENT ONE.]

KPCHOICE

ASSIGNED . . . . . 1 (GO TO B10)
CHOSEN . . . . . 2 (GO TO B10)
ASSIGNED SCHOOL IS SCHOOL OF CHOICE . . . . . 3 (GO TO B10)

B8. (Is/Was) the school church-related or not church-related?
[IF CHILD ATTENDED MORE THAN ONE KINDERGARTEN, ASK ABOUT THE MOST RECENT ONE.]

KPRELGON

CHURCH-RELATED . . . . . 1 (GO TO B9)
NOT CHURCH-RELATED . . . . . 2 (GO TO B10)

B9. (Is/Was) it a Catholic school?
[IF CHILD ATTENDED MORE THAN ONE KINDERGARTEN, ASK ABOUT THE MOST RECENT ONE.]

KPRELTYP

YES 1
NO 2

B10. (Does/Did) (CHILD) (currently) go to the (kindergarten/prefirst grade) program for a full-day, in the morning only, (or) in the afternoon only (, or in the morning for part of the year and in the afternoon for part of the year)?
[IF CHILD ATTENDED MORE THAN ONE KINDERGARTEN, ASK ABOUT THE MOST RECENT ONE.]

KPSCHED

FULL-DAY 1
MORNING ONLY 2
AFTERNOON ONLY 3
[ECPATH = S] MORNING ONLY PART YEAR,
AFTERNOON ONLY PART YEAR 4

If ECPATH = S, go to PINTRO.
Else, if ECPATH = K, ask B11.

B11. How many days each week does (CHILD) attend (kindergarten/prefirst grade)?

KPDAYS

DAYS . . . . . ☐

B12. How many hours each week does (CHILD) attend (kindergarten/prefirst grade)?

KPHRS

HOURS . . . . . ☐☐

B13. Does that time (CHILD) spends in (kindergarten/prefirst grade) include a (kindergarten/prefirst grade) program only or does it also include before or after school child care?

KPONLY

KINDERGARTEN/PREFIRST GRADE ONLY . . . . . 1 (GO TO BOX AFTER B14)
KINDERGARTEN/PREFIRST GRADE PLUS CARE . . . . . 2 (GO TO B14)

B14. How many of the (HOURS) hours each week are spent in the (kindergarten/prefirst grade) program itself?

KPKINHRS

HOURS . . . . . ☐☐

If ECPATH = K, go to ECINTRO. Else, go to PINTRO.

PRIMARY SCHOOL HISTORY AND EXPERIENCE

PINTRO. Now let's talk about (CHILD'S) enrollment in elementary school.

If B3 = -1, (child did not attend kindergarten or prefirst grade), ask C1. Else, go to C2.

C1. How old was (CHILD) in years and months when (he/she) first started first grade?

PAGEYR
PAGEMO

YEARS ( ) MONTHS ( )

C2. Does (CHILD) go to a public or private school?

PPUBL

PUBLIC . . . . . 1 (GO TO C3)
PRIVATE . . . . . 2 (GO TO C4)

C3. Is that (his/her) regularly assigned school or a school that you chose?

PCHOICE

ASSIGNED . . . . . 1 (GO TO C6)
CHOSEN . . . . . 2 (GO TO C6)
ASSIGNED SCHOOL IS SCHOOL OF CHOICE . . . . . 3 (GO TO C6)

C4. Is the school church-related or not church-related?

PRELGON

CHURCH-RELATED . . . . . 1 (GO TO C5)
NOT CHURCH-RELATED . . . . . 2 (GO TO C6)

C5. Is it a Catholic school?

PRELTYP

YES 1
NO 2

C6. Does (CHILD) go to a school with a regular September-to-June school schedule?
[INCLUDES LATE AUGUST-TO-MAY ALSO.]

PSCHED

YES . . . . . 1 (GO TO C7)
NO . . . . . 2 (GO TO C6OV)

C6OV. Does (he/she) go to a school with a year-round schedule or some other type of schedule?

PSCHEDYR
PSCHEDOS/R

YEAR-ROUND 1
OTHER 91
SPECIFY_____

C7. How many hours each week does (CHILD) attend (GRADE) grade?
[IF > 35, PROBE FOR SCHOOL DAY HOURS, NOT ADDITIONAL CARE/ACTIVITIES.]

PHRS

HOURS . . . . . □□

C8. Compared to other children in (his/her) class, how would you say (CHILD) is doing in (his/her) schoolwork this year? Would you say (CHILD) is...

PWORK

Near the top of the class, ... 1
Above the middle of the class, ... 2
Around the middle, ... 3
Below the middle, or 4
Near the bottom of the class? 5

C9. Has (CHILD'S) teacher or school contacted you [or (CHILD'S) (OTHER PARENT/GUARDIAN)] about any behavior problems (he/she) is having in school this year?

PBEHAVE

YES 1
NO 2

C10. Has (his/her) teacher or school contacted you [or (CHILD'S) (OTHER PARENT/GUARDIAN)] about any problems (he/she) is having with schoolwork this year?

PSCHLWK

YES 1
NO 2

C11. Since starting first grade, has (CHILD) repeated any grades?

PREPEAT

YES . . . . . 1 (GO TO C12)
NO . . . . . 2 (GO TO ECINTRO)

C12. What grade or grades did (CHILD) repeat? [CODE ALL THAT APPLY] [DISPLAY UP TO CURRENT GRADE ONLY.]

PREPEAT1 FIRST GRADE 1
PREPEAT2 SECOND GRADE 2
PREPEAT3 THIRD GRADE 3

Early Childhood Care & Programs

ECINTRO. I'd like to talk with you about all child care (CHILD) now receives on a regular basis from someone other than (you or) (his/her) parents (or guardians), and all (early childhood/before or after school) programs (CHILD) attends on a regular basis, whether or not there is a charge or fee. This does not include occasional babysitting or backup care providers.

Relative Care

D1. Is (CHILD) now receiving care from a relative on a regular basis (including care provided before or after school)? This may include grandparents, brothers and sisters, or any relatives other than (you or) (CHILD'S) parents (or guardians).

RCNOW

YES . . . . . 1 (GO TO D3)
NO . . . . . 2 (GO TO D2)

D2. Has (CHILD) ever received care from a relative on a regular basis?

RCEVER

YES . . . . . 1 (GO TO D3)
NO . . . . . 2 (GO TO E1)

D3. How old was (CHILD) in years and months when (he/she) first received care from any relative on a regular basis?

RCAGEYR YEARS ( )
RCAGEMO MONTHS ( )

If D1 = 2, go to E1. Else, ask D4.

D4. Do you currently have more than one regular care arrangement with relatives for (CHILD)?

*

YES . . . . . 1 (GO TO D4OV)
NO . . . . . 2 (GO TO BOX AFTER D4OV)

D4OV. How many different regular care arrangements do you have with relatives?

RCARRNEW

[CODE 1 NOT USED]
TWO 2
THREE 3
FOUR 4

Ask D5 through D28OV for each relative who provides care for child.

NOTE: The variable RCARRNEW indicates the total number of relative arrangements reported, ranging from 1 to 4. This variable is a final count which took into consideration the answers to items D4, D4OV, D29, and after any corrections made at item H1.

D5. [Let's start with the relative who provides the most care./Now let's talk about the next relative who cares for (CHILD).]

RCTYPE1-RCTYPE4 [Is the relative who cares for (CHILD) (his/her).../Is that (CHILD'S)....]

Grandparent,	1	(GO TO D6)
Aunt,	2	(GO TO D6)
Uncle,	3	(GO TO D6)
Brother,	4	(GO TO D5OV)
Sister, or	5	(GO TO D5OV)
Another relative?	6	(GO TO D6)
NOW SAYS NO OTHER RELATIVE ARRANGEMENT [DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT]	9	(GO TO E1)

D5OV. How old is that brother or sister?

RCAGE1-RCAGE4 YEARS . . . . . □□

D6. Is that care provided in your home or another home?

RCPLACE1-RCPLACE4

OWN HOME	1	(GO TO D7)
OTHER HOME	2	(GO TO D8)
BOTH/VARIES	3	(GO TO D8)

D7. Does (CHILD'S) (RELATIVE) who provides this care live in your household?

RCINHH1-RCINHH4

YES	1	(GO TO BOX AFTER D8)
NO	2	(GO TO BOX AFTER D8)

D8. How long does it take to go from (CHILD'S) home to (his/her) (RELATIVE'S) home? Would you say...

RCTIME1-RCTIME4

Less than 10 minutes,	1
10 to 20 minutes,	2
20 to 30 minutes, or	3
More than 30 minutes?	4

If ECPATH = K or S, ask D9. Else go to D11.

D9. Does (CHILD) receive that care on school days, weekends, or both?

RCWHEN1-RCWHEN4

SCHOOL DAYS	1	(GO TO D10)
WEEKENDS	2	(GO TO D11)
BOTH	3	(GO TO D10)

D10. On school days, does (CHILD) receive that care before school, after school, or both?

RCBFAFT1-RCBFAFT4

BEFORE SCHOOL	1
AFTER SCHOOL	2
BOTH	3

D11. Is the care that (CHILD) receives from (his/her) (RELATIVE) regularly scheduled at least once each week?

RCWEEK1-RCWEEK4

YES . . . . . 1 (GO TO D13)
NO . . . . . 2 (GO TO D12)

D12. Does (CHILD'S) (RELATIVE) care for (him/her) on some other regularly scheduled basis, at least once each month?

RCMONTH1-RCMONTH4

YES . . . . . 1 (GO TO D15)
NO . . . . . 2 (GO TO BOX BEFORE D29)

D13. How many days each week does (CHILD) receive care from (his/her) (RELATIVE)?

RCDAYS1-RCDAYS4

DAYS . . . . . ☐

D14. How many hours each week does (CHILD) receive care from (his/her) (RELATIVE)?

RCHRS1-RCHRS4

HOURS . . . . . ☐☐

If D13 = 1, go to D19. Else, go to D18.

D15. For how many weeks each month does (CHILD) receive care from (his/her) (RELATIVE)?

RCWKSMO1-RCWKSMO4

WEEKS . . . . . ☐

D16. During (that week/those weeks), how many days each week does (CHILD) receive care from (his/her) (RELATIVE)?

RCDAYWK1-RCDAYWK4

DAYS . . . . . ☐

D17. And during (that week/those weeks), how many hours each week does (CHILD) receive care from (his/her) (RELATIVE)?

RCHRSWK1-RCHRSWK4

HOURS . . . . . ☐☐ (GO TO D19)

D18. On the days that (CHILD) receives care, that would be (HOURS) per day, on average. Is that right?

*

YES . . . . . 1 (GO TO D19)
NO . . . . . 2 (CORRECTION SCREEN)

D19. How many children are usually cared for together, in the same group at the same time, by (CHILD'S) (RELATIVE), counting (CHILD)?

RCKIDS1-RCKIDS4

NUMBER . . . . . ☐☐

D20. How many (adults/people) usually care for (CHILD) at the same time [at your home/at (his/her) (RELATIVE'S) home]?

RCADLTS1-RCADLTS4

NUMBER . . . . . ☐

D21. How old was (CHILD) in years and months when this particular regular care arrangement with (his/her) (RELATIVE) began?

RCSTRYR1-RCSTRYR4
RCSTRMM1-RCSTRMM4

[(CHILD) WAS __ YEARS AND __ MONTHS OLD WHEN FIRST RECEIVED CARE FROM ANY RELATIVE.]

YEARS ( ) MONTHS ( )

D22. What language does (CHILD'S) (RELATIVE) speak most when caring for (CHILD)?

RCSPEAK1-RCSPEAK4
RCSPKOS1/R-RCSPKOS4/R

ENGLISH 1
SPANISH 2
ANOTHER LANGUAGE 91
SPECIFY_____

D23. When (CHILD) is sick, does (his/her) (RELATIVE) still care for (him/her)?

RCSICK1-RCSICK4

YES 1
NO 2

If D5 = 4 or 5 and D5OV < 18 (relative caregiver is a sibling under age 18), go to D25. Else, ask D24.

D24. Has (CHILD'S) (RELATIVE) received education or training specifically related to young children, such as in early childhood education or child psychology? [DO NOT PROBE.]

RCEDUC1-RCEDUC4

YES 1
NO 2

D25. Is there any charge or fee for the care (CHILD) receives from (his/her) (RELATIVE), paid either by you or someone else?

RCFEE1-RCFEE4

YES . . . . . 1 (GO TO D26)
NO . . . . . 2 (GO TO BOX AFTER D28)

D26. Do any of the following people or organizations help to pay for (CHILD'S) (RELATIVE) to care for (him/her)? How about ...

		YES	NO
RCOUTHH1-RCOUTHH4	a. A relative of (CHILD) outside your household who provides money specifically for that care?	1	2
RCWELF1-RCWELF4	b. A social service or welfare agency?	1	2
RCEMPL1-RCEMPL4	c. An employer?	1	2
RCOTHER1-RCOTHER4	d. Someone else?	1	2
RCOTHOS1/R-RCOTHOS4/R	Who is that?_____		

D27. How much does your household pay for (CHILD'S) (RELATIVE) to care for (him/her)? [IF NOTHING, ENTER ZERO.]

RCCOST1-RCCOST4 $□□□□.□□

RCUNIT1-RCUNIT4 UNIT:

RCCSTOS1/R-RCCSTOS4/R

PER HOUR	1
PER DAY	2
PER WEEK	3
PER MONTH	4
PER YEAR	5
OTHER	91

SPECIFY_____

If D27 = zero, or NUMKID12 (number of children in the household age 12 or younger) = 1, go to box after D28OV. Else, ask D28.

D28. Is this amount for (CHILD) only or does it include other children in your household?

RCSTHH1-RCSTHH4

CHILD ONLY	1	(GO TO BOX AFTER D28OV)
CHILD AND OTHER(S)	2	(GO TO D28OV)

D28OV. How many children is this amount for, including (CHILD)?

RCSTHN1-RCSTHN4 NUMBER □

If D4 = 2, (one relative arrangement), ask D29. Else, if D4OV => 2 (more than one relative arrangement), return to D5 until the number of arrangements in D4OV are completed, then ask D29.

D29. Does (CHILD) have another care arrangement with a relative on a regular basis?

*

YES	1	(GO TO D5)
NO	2	(GO TO E1)

Nonrelative Care

E1. Now I'd like to ask you about any care (CHILD) receives from nonrelatives in a private home. This includes care by home child care providers, regular sitters, or neighbors, but does not include Head Start, day care centers, nursery schools, or preschools.

Is (CHILD) now receiving care in a private home on a regular basis from someone who is not related to (him/her) (including care provided before or after school)?

NCNOW

YES . . . . . 1 (GO TO E3)
NO . . . . . 2 (GO TO E2)

E2. Has (CHILD) ever received care in a private home from a nonrelative on a regular basis?

NCEVER

YES . . . . . 1 (GO TO E3)
NO . . . . . 2 (GO TO BOX BEFORE F1)

E3. How old was (CHILD) in years and months when (he/she) first received regular care in a private home from any nonrelative?

NCAGEYR
NCAGEMO

YEARS ( ) MONTHS ( )

If E1 = 2, go to box before F1. Else, ask E4.

E4. Do you currently have more than one regular care arrangement with a nonrelative for (CHILD)?

*

YES . . . . . 1 (GO TO E4OV)
NO . . . . . 2 (GO TO BOX AFTER E4OV)

E4OV. How many different regular care arrangements do you have with nonrelatives?

NCARRNEW

[CODE 1 NOT USED]
TWO 2
THREE 3
FOUR 4

Ask E5 through E28OV for each nonrelative who cares for child.

NOTE: The variable NCARRNEW indicates the total number of nonrelative arrangements reported, ranging from 1 to 4. This variable is a final count which took into consideration the answers to items E4, E4OV, E29, and any corrections made at item H1.

E5. [Let's start with the nonrelative who provides the most care./Now let's talk about the next care provider.] Is that care provided in your own home or in another home?

NCPLACE1-
NCPLACE4

OWN HOME	1	(GO TO E6)
OTHER HOME	2	(GO TO E7)
BOTH/VARIES	3	(GO TO E7)
NOW SAYS NO OTHER NONRELATIVE ARRANGEMENT [DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT]	9	(GO TO F1)

E6. Does this person who cares for (CHILD) live in your household?

NCINHH1-
NCINHH4

YES	1	(GO TO BOX AFTER E7)
NO	2	(GO TO BOX AFTER E7)

E7. How long does it take to go from (CHILD'S) home to that person's home? Would you say...

NCTIME1-
NCTIME4

Less than 10 minutes,	1
10 to 20 minutes,	2
20 to 30 minutes, or	3
More than 30 minutes?	4

If ECPATH = K or S, ask E8. Else, go to E10.

E8. Does (CHILD) receive that care on school days, weekends, or both?

NCWHEN1-
NCWHEN4

SCHOOL DAYS	1	(GO TO E9)
WEEKENDS	2	(GO TO E10)
BOTH	3	(GO TO E9)

E9. On school days, does (CHILD) receive that care before school, after school, or both?

NCBFAFT1-
NCBFAFT4

BEFORE SCHOOL	1
AFTER SCHOOL	2
BOTH	3

E10. Is the care that (CHILD) receives from that person regularly scheduled at least once each week?

NCWEEK1-
NCWEEK4

YES	1	(GO TO E12)
NO	2	(GO TO E11)

E11. Does that person care for (CHILD) on some other regularly scheduled basis, at least once each month?

NCMONTH1-
NCMONTH4

YES	1	(GO TO E14)
NO	2	(GO TO BOX BEFORE E29)

E12. How many days each week does (CHILD) receive care from that person?

NCDAYS1-NCDAYS4 DAYS . . . . . ☐

E13. How many hours each week does (CHILD) receive care from that person?

NCHRS1-NCHRS4 HOURS . . . . . ☐☐

If E12 = 1, go to E18. Else, go to E17.

E14. For how many weeks each month does (CHILD) receive care from that person?

NCWKSMO1-NCWKSMO4 WEEKS . . . . . ☐

E15. During (that week/those weeks), how many days each week does (CHILD) receive care from that person?

NCDAYWK1-NCDAYWK4 DAYS . . . . . ☐

E16. And during (that week/those weeks), how many hours each week does (CHILD) receive care from that person?

NCHRSWK1-NCHRSWK4 HOURS . . . . . ☐☐ (GO TO E18)

E17. On the days that (CHILD) receives care, that would be (HOURS) per day, on average. Is that right?

YES . . . . . 1 (GO TO E18)
NO . . . . . 2 (CORRECTION SCREEN)

E18. How many children are usually cared for together, in the same group at the same time, by that person, counting (CHILD)?

NCKIDS1-NCKIDS4 NUMBER . . . . . ☐☐

E19. How many adults usually care for (CHILD) at the same time [at (your/that) home]?

NCADLTS1-NCADLTS4 NUMBER . . . . . ☐

E20. How old was (CHILD) in years and months when this particular regular care arrangement with that person began?

NCSTRYR1-NCSTRYR4
NCSTRMM1-NCSTRMM4

[(CHILD) WAS __ YEARS AND __ MONTHS OLD WHEN FIRST RECEIVED CARE FROM ANY NONRELATIVE.]

YEARS ( ) MONTHS ( )

E21. How did you learn about this person as a care provider for (CHILD)?
[CODE ALL THAT APPLY.]

NCFRIEN1-NCFRIEN4	FRIENDS/NEIGHBORS/RELATIVES/COWORKERS	1
NC1PEMPL-NC4PEMPL	PLACE OF EMPLOYMENT	2
NCSCHL1-NCSCHL4	PUBLIC OR PRIVATE SCHOOL	3
NCCHURC1-NCCHURC4	CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP	4
NCSOCWK1-NCSOCWK4	WELFARE OR SOCIAL SERVICE CASEWORKERS	5
NCADS1-NCADS4	NEWSPAPER/ADVERTISEMENTS/YELLOW PAGES	6
NCAGENC1-NCAGENC4	RESOURCE AND REFERRAL (R&R) AGENCY	7
NCKNEW1-NCKNEW4	R ALREADY KNEW PROVIDER	8
NCCHILD1-NCCHILD4	PROVIDER CARED FOR ANOTHER CHILD OF R'S	9
NCREFER1-NCREFER4	REFERENCE MATERIALS	10
NCBULLE1-NCBULLE4	PUBLIC BULLETIN BOARDS/FLYERS	11
NCSOURC1-NCSOURC4	OTHER	91
NCSRCOS1/R-NCSRCOS4/R	SPECIFY_____	

E22. What language does (CHILD'S) care provider speak most when caring for (CHILD)?

NCSPEAK1-NCSPEAK4	ENGLISH	1
	SPANISH	2
NCSPKOS1/R-NCSPKOS4/R	ANOTHER LANGUAGE	91
	SPECIFY_____	

E23. When (CHILD) is sick, does that person still care for (him/her)?

NCSICK1-NCSICK4	YES	1
	NO	2

E24. Has (CHILD'S) care provider received education or training specifically related to young children, such as in early childhood education or child psychology?
[DO NOT PROBE.]

NCEDUC1-NCEDUC4	YES	1
	NO	2

E25. Is there any charge or fee for the care (CHILD) receives from this person, paid either by you or someone else?

NCFEE1-NCFEE4	YES	1	(GO TO E26)
	NO	2	(GO TO BOX AFTER E28OV)

E26. Do any of the following people or organizations help to pay for this care provider to care for (CHILD)? How about...

		YES	NO
NCREL1-NCREL4	a. A relative of (CHILD) outside your household who provides money specifically for that care?	1	2
NCWELF1-NCWELF4	b. A social service or welfare agency?	1	2
NCEMPL1-NCEMPL4	c. An employer?	1	2
NCOTHER1-NCOTHER4	d. Someone else?	1	2
NCOTHOS1/R-NCOTHOS4/R	Who is that?_____		

E27. How much does your household pay this person to care for (CHILD)? [IF NONE, ENTER ZERO.]

NCCOST1-NCCOST4 $□□□□.□□

NCUNIT1-NCUNIT4 UNIT:

NCCSTOS1/R-NCCSTOS4/R

PER HOUR	1
PER DAY	2
PER WEEK	3
PER MONTH	4
PER YEAR	5
OTHER	91

SPECIFY_____

If E27 = zero, or NUMKID12 (number of children in the household age 12 or younger) = 1, go to box after E28OV. Else, ask E28.

E28. Is this amount for (CHILD) only or does it include other children in your household?

NCSTHH1-NCSTHH4

CHILD ONLY	1	(GO TO BOX AFTER E28OV)
CHILD AND OTHER(S)	2	(GO TO E28OV)

E28OV. How many children is this amount for, including (CHILD)?

NCSTHN1-NCSTHN4 NUMBER □

If E4 = 2, (one nonrelative arrangement), ask E29. Else, if E4OV = > 2 (more than one nonrelative arrangement), return to E5 until the number of arrangements in E4OV are completed, then ask E29.

E29. Does (CHILD) have another care arrangement in a private home with a nonrelative on a regular basis?

*

YES	1	(GO TO E5)
NO	2	(GO TO BOX BEFORE F1)

Head Start Programs

If ECPATH = I, go to box before G1.
If ECPATH = K, S, H, go to F2.
Else, if ECPATH=N, ask F1.

F1. Is (CHILD) now attending Head Start?

HSNOW

YES	1	(GO TO F3)
NO	2	(GO TO F2)

F2. Has (CHILD) ever attended Head Start?

HSEVER

YES	1	(GO TO F3)
NO	2	(GO TO BOX AFTER F3)

F3. How old was (CHILD) in years and months when (he/she) first attended any Head Start program?

HSAGEYR YEARS ( )
HSAGEMO MONTHS ( )

If F1 = 1, go to F4. Else, go to box before G1.

F4. Where is the Head Start program located? For example, is it in a church or synagogue, a school, a community center, its own building, or some other place?

HSPLACE

YOUR HOME	1	(GO TO F6)
ANOTHER HOME	2	(GO TO F6)
A CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP	3	(GO TO F5)
A PUBLIC ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL	4	(GO TO F5)
A PRIVATE ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL	5	(GO TO F5)
A COLLEGE OR UNIVERSITY	6	(GO TO F5)
A COMMUNITY CENTER	7	(GO TO F5)
A PUBLIC LIBRARY	8	(GO TO F5)
ITS OWN BUILDING	9	(GO TO F5)
MORE THAN ONE PLACE	10	(GO TO F4OV)
SOME OTHER PLACE	91	(GO TO F4OV)

F4OV. (Where is that?/What are those places?)
HSPLACOS/R [LIST ALL PLACES.] _____

F5. (Is that/Are any of those places) also the location of your job [or (his/her) OTHER PARENT'S job]?

HSWORK

YES	1
NO	2

F6. Is that Head Start program a public or private program?

HSPUBL

PUBLIC 1
PRIVATE 2

F7. Is that Head Start program run by a government agency, such as your local school district?

HSGOVT

YES 1
NO 2

If F4 = 1 (program in own home) go to F9. Else, ask F8.

F8. How long does it take to go from (CHILD'S) home to the Head Start program? Would you say...

HSTIME

Less than 10 minutes, ... 1
10 to 20 minutes, ... 2
20 to 30 minutes, or 3
More than 30 minutes? 4

F9. On the days that (CHILD) goes to Head Start, does (he/she) go for a full-day or part-day program?

HSTYPE

FULL-DAY 1
PART-DAY 2

F10. Does (CHILD) go to the Head Start program on a <u>regularly scheduled</u> basis at least once <u>each</u> week?

HSWEEK

YES . . . . . 1 (GO TO F12)
NO . . . . . 2 (GO TO F11)

F11. Does (CHILD) go to the Head Start program on some other <u>regularly scheduled</u> basis, at least once each month?

HSMONTH

YES . . . . . 1 (GO TO F14)
NO . . . . . 2 (GO TO BOX BEFORE G1)

F12. How many <u>days</u> each week does (CHILD) go to the Head Start program?

HSDAYS

DAYS . . . . . ☐

F13. How many <u>hours</u> each <u>week</u> does (CHILD) go to the Head Start program?

HSHRS

HOURS . . . . . ☐☐

If F12 = 1, go to F18. Else, go to F17.

F14. For how many weeks each month does (CHILD) go to the Head Start program?

HSWKSMO

WEEKS . . . . . ☐

F15. During (that week/those weeks), how many days each week does (CHILD) go to the Head Start program?

HSDAYSWK

DAYS . . . . . ☐

F16. And during (that week/those weeks), how many hours each week does (CHILD) go to the Head Start program?

HSHRSWK

HOURS . . . . . ☐☐ (GO TO F18)

F17. On the days that (CHILD) goes to Head Start, that would be (HOURS) per day, on average. Is that right?

*

YES . . . . . 1 (GO TO F18)
NO . . . . . 2 (CORRECTION SCREEN)

F18. Does the time (CHILD) spends at Head Start include the Head Start program only, or does it also include child care before or after the program?

HSONLY

HEAD START ONLY . . . . . 1 (GO TO F20)
HEAD START AND CHILD CARE . . . . . 2 (GO TO F19)

F19. How many of the (HOURS) hours each week are spent in the Head Start program itself?

HSHRSONL

HOURS . . . . . ☐☐

F20. How many children are usually in (CHILD'S) room or group, at the same time, at the Head Start program, counting (CHILD)?

HSKIDS

NUMBER . . . . . ☐☐

F21. How many adults are usually in (CHILD'S) room or group, at the same time, at the Head Start program?

HSADLTS

NUMBER . . . . . ☐☐

F22. How old was (CHILD) in years and months when (he/she) started going to this particular Head Start program?

[(CHILD) WAS __ YEARS AND __ MONTHS OLD WHEN FIRST ATTENDED ANY HEAD START PROGRAM.]

HSSTRTYR
HSSTRTMO

YEARS ( ) MONTHS ( )

F23. How did you learn about this Head Start program for (CHILD)? [CODE ALL THAT APPLY.]

HSFRIEND	FRIENDS/NEIGHBORS/RELATIVES/COWORKERS	1
HSPLEMPL	PLACE OF EMPLOYMENT	2
HSSCHOOL	PUBLIC OR PRIVATE SCHOOL	3
HSCHURCH	CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP	4
HSSOCWKR	WELFARE OR SOCIAL SERVICE CASEWORKERS	5
HSADS	NEWSPAPER/ADVERTISEMENTS/YELLOW PAGES	6
HSAGENCY	RESOURCE AND REFERRAL (R&R) AGENCY	7
HSKNEW	R ALREADY KNEW PROVIDER	8
HSCHILD	ATTENDED BY ANOTHER CHILD OF R'S	9
HSREFER	REFERENCE MATERIALS	10
HSBULLET	PUBLIC BULLETIN BOARDS/FLYERS	11
HSSOURCE	OTHER	91
HSSOUROS/R	SPECIFY_____	

F24. What language does (CHILD'S) Head Start teacher speak most with (him/her)?

HSSPEAK	ENGLISH	1
HSSPEAOS/R	SPANISH	2
	ANOTHER LANGUAGE	91
	SPECIFY_____	

F25. Has (CHILD'S) Head Start teacher received education or training specifically related to young children, such as in early childhood education or child psychology? [DO NOT PROBE.]

HSEDUC

YES	1
NO	2

F26. Does that Head Start program encourage parents to contribute a certain number of hours each week or month?

HSPARHRS

YES	1
NO	2

F27. Have you (or another adult in your household) worked at (CHILD'S) Head Start program in the last month, that is, since (MONTH) (DAY)?

HSPARWRK

YES	1
NO	2

F28. Does the Head Start program have a parent advisory group or policy council?

HSPARADV

YES	1
NO	2

F29. Does the Head Start program provide any of the following services to (CHILD) or your family?

		YES	NO
HSTEST	a. Hearing, speech, or vision testing?	1	2
HSPHYSEX	b. Physical examinations?	1	2
HSDENTAL	c. Dental examinations?	1	2
HSDISABL	d. Formal testing for developmental or learning problems?	1	2
HSSICK	e. Sick child care?	1	2

F30. Is there any charge or fee for the Head Start program, paid either by you or someone else?

HSFEE

YES . . . . . 1 (GO TO F31)
NO . . . . . 2 (GO TO BOX BEFORE G1)

F31. Do any of the following people or organizations help to pay for (CHILD) to go to Head Start? How about ...

		YES	NO
HSREL	a. A relative of (CHILD) outside your household who provides money specifically for the Head Start program?	1	2
HSWELF	b. A social service or welfare agency?	1	2
HSEMPL	c. An employer?	1	2
HSOTHER	d. Someone else?	1	2
HSOTHEOS/R	Who is that?_____		

F32. How much does your household pay for (CHILD) to go to the Head Start program? [IF NOTHING, ENTER ZERO.]

HSCOST $□□□□.□□
HSUNIT UNIT:
HSCOSTOS/R

PER HOUR 1
PER DAY 2
PER WEEK 3
PER MONTH 4
PER YEAR 5
OTHER 91
SPECIFY_____

If F32 = zero, or NUMKID12 (number of children in the household age 12 or younger) = 1, go to box before G1. Else, ask F33.

F33. Is this amount for (CHILD) only or does it include other children in your household?

HSCOSTHH

CHILD ONLY . . . . . 1 (GO TO BOX BEFORE G1)
CHILD AND OTHER(S) . . . . . 2 (GO TO F33OV)

F33OV. How many children is this amount for, including (CHILD)?

HSCOSTHN NUMBER . . . . . ☐

CENTER-BASED PROGRAMS/INCLUDING SCHOOL-BASED PROGRAMS

If ECPATH = I, N, ask G1.
Else, if ECPATH = K, S, or H, go to G5.

G1. (Not including the Head Start program,) Is (CHILD) now attending a day care center, nursery school, preschool, or prekindergarten?

CPNNOW

YES . . . . . 1 (GO TO G3)
NO . . . . . 2 (GO TO G2)

G2. Has (CHILD) ever gone to a day care center, nursery school, preschool, or prekindergarten (other than Head Start)?

CPNEVER

YES . . . . . 1 (GO TO G3)
NO . . . . . 2 (GO TO BOX BEFORE H1)

G3. How old was (CHILD) in years and months when (he/she) first went to any day care center, nursery school, preschool, or prekindergarten (other than Head Start)?

CPNAGEYR
CPNAGEMO

YEARS ( ) MONTHS ( )

If G1 = 2, go to box before H1. Else, ask G4.

G4. (Not including Head Start,) How many different day care centers, nursery schools, preschools, or prekindergartens does (CHILD) currently go to?

CPARRNEW

NUMBER . . . . . ☐ (GO TO BOX AFTER G9)

G5. Is (CHILD) now attending a day care center or a before or after school program at a school or in a center?

CPSNOW [IF B13 = 2, THEN G5 SHOULD = 1.]

YES . . . . . 1 (GO TO G7)
NO . . . . . 2 (GO TO G6)

G6. Has (CHILD) ever attended a day care center, nursery school, preschool, prekindergarten, or before or after school program at a school or in a center?

CPSEVER

YES . . . . . 1 (GO TO G7)
NO . . . . . 2 (GO TO BOX BEFORE H1)

NOTE: The variable CPARRNEW indicates the total number of center-based arrangements reported, ranging from 1 to 3. This variable is a final count that took into consideration the answers to items G4, G41, and any corrections at item H1.

G7. How old was (CHILD) in years and months when (he/she) first attended any day care center, nursery school, preschool, prekindergarten, or before or after school program?

CPSAGEYR
CPSAGEMO

YEARS ( ) MONTHS ( )

G8. That would mean that (CHILD attended (his/her) first program (before/after) (he/she) started (kindergarten/first grade), is that right?

*

YES	1	(GO TO BOX)
NO	2	(CORRECTION SCREEN)

If G5 = 2, go to box before H1. Else, ask G9.

G9. How many different day care centers or before or after school programs does (CHILD) currently go to?

CPARRNEW

NUMBER ☐

Ask G10 through G400V for each program.

G10. (Let's start with the program where (CHILD) spends the most time./Let's talk about the next program). Where is the program located? For example, is it in a church or synagogue, a school, a community center, its own building, or some other place?

CPPLACE1-
CPPLACE3

YOUR HOME	1	(GO TO G13)
ANOTHER HOME	2	(GO TO G13)
A CHURCH, SYNAGOGUE OR OTHER PLACE OF WORSHIP	3	(GO TO G12)
A PUBLIC ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL	4	(GO TO BOX BEFORE G11)
A PRIVATE ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL	5	(GO TO BOX BEFORE G11)
A COLLEGE OR UNIVERSITY	6	(GO TO G12)
A COMMUNITY CENTER	7	(GO TO G12)
A PUBLIC LIBRARY	8	(GO TO G12)
ITS OWN BUILDING	9	(GO TO G12)
MORE THAN ONE PLACE	10	(GO TO G100V)
SOME OTHER PLACE	91	(GO TO G100V)
NOW SAYS NO OTHER CENTER-BASED ARRANGEMENT [DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT]	11	(GO TO BOX BEFORE H1)

G100V. (Where is that?/What are those places?)
[LIST ALL PLACES.] _____

CPPLCOS1/R-CPPLCOS3/R

If G10 = 4 and [(ECPATH = K and B6 = 1) or (ECPATH = S and C2 = 1)] (enrolled in public school) ask G11.
If G10 = 5 and [(ECPATH = K and B6 = 2) or (ECPATH = S and C2 = 2)] (enrolled in private school) ask G11. Else, go to G12.

NOTE: The variable CPARRNEW indicates the total number of center-based arrangements reported, ranging from 1 to 3. This variable is a final count that took into consideration the answers to items G9, G41, and any corrections at item H1.

G11. Is that the school where (CHILD) attends [kindergarten/(GRADE) grade]?

CPPLACK1-CPPLACK3

YES 1
NO 2

G12. (Is that/Are any of those places) also the location of your job [or (his/her) OTHER PARENT'S job]?

CPWORK1-CPWORK3

YES 1
NO 2

G13. Is that a public or private program?

CPPUBL1-CPPUBL3

PUBLIC 1
PRIVATE 2

G14. Is that program run by a government agency, such as your local school district?

CPGOVT1-CPGOVT3

YES 1
NO 2

If G10 = 1 (program is located in own home), go to box before G16. Else, ask G15.

G15. How long does it take to go from (CHILD'S) home to that program? Would you say...

CPTIME1-CPTIME3

Less than 10 minutes, ... 1
10 to 20 minutes, ... 2
20 to 30 minutes, or 3
More than 30 minutes? 4

If ECPATH = I, N, or H ask G16. Else, go to box after G16.

G16. On the days that (CHILD) goes to that program, does (he/she) go for a full-day or part-day program?

CPSCHED1-CPSCHED3

FULL-DAY 1
PART-DAY 2

If ECPATH = K or S, ask G17. Else, go to G19.

G17. Does (CHILD) go to that program on school days, weekends, or both?

CPWHEN1-CPWHEN3

SCHOOL DAYS . . . . . 1 (GO TO G18)
WEEKENDS . . . . . 2 (GO TO G19)
BOTH . . . . . 3 (GO TO G18)

G18. On school days, does (CHILD) go to that program before school, after school, or both?

CPBFAFT1-
CPBFAFT3

BEFORE SCHOOL 1
AFTER SCHOOL 2
BOTH 3

G19. Does (CHILD) go to that program on a regularly scheduled basis at least once each week?

CPWEEK1-
CPWEEK3

YES . . . . . 1 (GO TO G21)
NO . . . . . 2 (GO TO G20)

G20. Does (CHILD) go to that program on some other regularly scheduled basis, at least once each month?

CPMONTH1-
CPMONTH3

YES . . . . . 1 (GO TO G23)
NO . . . . . 2 (GO TO BOX BEFORE G41)

G21. How many days each week does (CHILD) go to that program?

CPDAYS1-
CPDAYS3

DAYS . . . . . ☐

G22. (Other than regular school hours, how/How) many hours each week does (CHILD) go to that program?

CPHRS1-
CPHRS3

HOURS . . . . . ☐☐

If G21 = 1, go to G27. Else, ask G26.

G23. For how many weeks each month does (CHILD) go to that program?

CPWKSMO1-
CPWKSMO3

WEEKS . . . . . ☐

G24. During (that week/those weeks), how many days each week does (CHILD) go to that program?

CPDAYWK1-
CPDAYWK3

DAYS . . . . . ☐

G25. And during (that week/those weeks), how many hours each week does (CHILD) go to that program?

CPHRSWK1-
CPHRSWK3

HOURS . . . . . ☐☐ (GO TO G27)

G26. On the days that (CHILD) goes to the program, that would be (HOURS) per day, on average. Is that right?

YES	1	(GO TO G27)
NO	2	(CORRECTION SCREEN)

G27. How many children are usually in (CHILD'S) room or group, at the same time, at that program, counting (CHILD)?

CPKIDS1-CPKIDS3

NUMBER ☐☐

G28. How many adults are usually in (CHILD'S) room or group, at the same time, at that program?

CPADLTS1-CPADLTS3

NUMBER ☐☐

G29. How old was (CHILD) in years and months when (he/she) started going to this particular program?

CPSTRYR1-CPSTRYR3
CPSTRMM1-CPSTRMM3

[(CHILD) WAS __ YEARS AND __ MONTHS OLD WHEN FIRST ATTENDED ANY CENTER OR PROGRAM.]

YEARS ( ) MONTHS ( )

G30. How did you learn about that program for (CHILD)?
[CODE ALL THAT APPLY.]

CPFRIEN1-CPFRIEN3	FRIENDS/NEIGHBORS/RELATIVES/COWORKERS	1
CPLEMPL1-CPLEMPL3	PLACE OF EMPLOYMENT	2
CPSCHL1-CPSCHL3	PUBLIC OR PRIVATE SCHOOL	3
CPCHURC1-CPCHURC3	CHURCH SYNAGOGUE, OR OTHER PLACE OF WORSHIP	4
CPSOCWK1-CPSOCWK3	WELFARE OR SOCIAL SERVICE CASEWORKERS	5
CPADS1-CPADS3	NEWSPAPER/ADVERTISEMENTS/YELLOW PAGES	6
CPAGENC1-CPAGENC3	RESOURCE AND REFERRAL (R&R) AGENCY	7
CPKNEW1-CPKNEW3	R ALREADY KNEW PROVIDER	8
CPCHILD1-CPCHILD3	ATTENDED BY ANOTHER CHILD OF R'S	9
CPREFER1-CPREFER3	REFERENCE MATERIALS	10
CPBULLE1-CPBULLE3	PUBLIC BULLETIN BOARDS/FLYERS	11
CPSOURC1-CPSOURC3	OTHER	91
CPSRCOS1/R-CPSRCOS3/R	SPECIFY_____	

G31. What language does (CHILD'S) care provider or teacher at that program speak most with (him/her)?

CPSPEAK1-CPSPEAK3	ENGLISH	1
	SPANISH	2
CPSPKOS1/R-CPSPKOS3/R	ANOTHER LANGUAGE	91
	SPECIFY_____	

G32. Has (CHILD'S) care provider or teacher received education or training specifically related to young children, such as in early childhood education or child psychology? [DO NOT PROBE.]

CPEDUC1-CPEDUC3

YES 1
NO 2

G33. Does that program encourage parents to contribute a certain number of hours each week or month?

CPARHRS1-CPARHRS3

YES 1
NO 2

G34. Have you (or another adult in your household) worked at (CHILD'S) program in the last month, that is, since (MONTH) (DAY)?

CPARWRK1-CPARWRK3

YES 1
NO 2

G35. Does that program have a parent advisory group or policy council?

CPARADV1-CPARADV3

YES 1
NO 2

G36. Does that program provide any of the following services to (CHILD) or your family?

		YES	NO
CPTEST1-CPTEST3	a. Hearing, speech, or vision testing?	1	2
CPHYSEX1-CPHYSEX3	b. Physical examinations?	1	2
CPDENTA1-CPDENTA3	c. Dental examinations?	1	2
CPDISAB1-CPDISAB3	d. Formal testing for developmental or learning problems?	1	2
CPSICK1-CPSICK3	e. Sick child care?	1	2

G37. Is there any charge or fee for this program, paid either by you or someone else?

CPFEE1-CPFEE3

YES . . . . . 1 (GO TO G38)
NO . . . . . 2 (GO TO BOX AFTER G400V)

G38. Do any of the following people or organizations help to pay for (CHILD) to go to that program? How about...

		YES	NO
CPREL1-CPREL3	a. A relative of (CHILD) outside your household who provides money <u>specifically</u> for that program? . . .	1	2
CPWELF1-CPWELF3	b. A social service or welfare agency?	1	2
CPEMPL1-CPEMPL3	c. An employer?	1	2
CPOTHER1-CPOTHER3	d. Someone else?	1	2
CPOTHOS1/R-CPOTHOS3/R	Who is that?_____		

G39. How much does your household pay for (CHILD) to go to that program? [IF NOTHING, ENTER ZERO.]

CPCOST1-CPCOST3 $□□□□.□□
CPUNIT1-CPUNIT3 UNIT:
CPCSTOS1/R-CPCSTOS3/R
PER HOUR 1
PER DAY 2
PER WEEK 3
PER MONTH 4
PER YEAR 5
OTHER 91
SPECIFY_____

If G39 = zero, or NUMKID12 (number of children in household age 12 or younger) = 1, go to box after G400V. Else, ask G40.

G40. Is this amount for (CHILD) only or does it include other children in your household?

CPCSHH1-CPCSHH3
CHILD ONLY . . . . . 1 (GO TO BOX AFTER G400V)
CHILD AND OTHER(S) . . . . . 2 (GO TO G400V)

G400V. How many children is this amount for, including (CHILD)?

CPCSHN1-CPCSHN3
NUMBER . . . . . □

If ECPATH = I, N and G4 = 1, or if ECPATH = K, S, H and G9 = 1 (one center-based arrangement), ask G41. Else, if ECPATH = I, N and G4 => 2, or if ECPATH = K, S, H and G9 => 2 (more than 2 center-based arrangements), return to G10 until the number of arrangements in G4 or G9 are completed, then ask G41.

G41. Does (CHILD) go to another day care center, (nursery school, preschool, or prekindergarten) (or before/after school program)?

*

YES . . . . . 1 (GO TO G10)
NO . . . . . 2 (GO TO BOX BEFORE H1)

Program Confirmation

If D1, E1, F1, and G1 or G5 all = 2, (child has no current care arrangements), go to box before I1. If all arrangements are not at least weekly (D11, E10, F10, G19 = 2), then go to box before I1. Else, ask H1 for all arrangements which occur at least once each week.

H1. Now I'd like to confirm the child care or (early childhood) program arrangement(s) that (CHILD) has at least once <u>each</u> week (, not including school).

I've recorded the following arrangement(s).

(ARRANGEMENT 1) . . (LOCATION; DAYS & HOURS/WEEK)
(ARRANGEMENT 2) . . (LOCATION; DAYS & HOURS/WEEK)
(ARRANGEMENT 3) . . (LOCATION; DAYS & HOURS/WEEK)

[That's a total of (HOURS) hours each week (in addition to school)]. Is that right?

*

YES, CORRECT	1	(GO TO I1)
NO, ADD ARRANGEMENT	2	(CORRECTION SCREENS)
NO, DELETE ARRANGEMENT	3	(CORRECTION SCREENS)
NO, CHANGE INFORMATION	4	(CORRECTION SCREENS)

Parent Preferences

Ask I1 only if D1, E1, F1, G1, or G5 = 1 (child currently participates in at least one arrangement). Ask I1 only once per household for all children in ECPATH = I or N and for all children in ECPATH = K, S, or H.

I1. I'm going to read some things that people look for in selecting child care arrangements or (early childhood/before or after school) programs. For each one, please tell me if you think it is very important, somewhat important, or not important in selecting (an/a before or after school) arrangement for (CHILD). How about...
[RANDOM START FOR RESPONSE CATEGORIES]

		VI	SI	NI
PPTRAIN	a. A caregiver who has special training in taking care of children. Is that	1	2	3
PPSICK	b. A place where children will be cared for when they are sick. Is that	1	2	3
PPCONV	c. A place close to your home. Is that	1	2	3
PPCOST	d. A reasonable cost. Is that	1	2	3
PPKIDS	e. A small number of children in the same class or group. Is that	1	2	3
PPENGL	f. A caregiver or teacher who speaks English with your child. Is that	1	2	3

NOTE: Item H1 allowed interviewers to: 1) correct the location and the number of days and hours for all arrangements, as well as correct the type of relative caregiver, whether an arrangement takes place before or after school, and whether a Head Start program is for a full or part day; 2) identify any duplicate arrangements so that one could be deleted; and 3) add arrangements that should have been reported earlier. If another arrangement was added, the CATI system cycled through the appropriate set of questions (e.g., relative, nonrelative, center) to collect relevant items.

Self-Care: Primary School Children Only

If ECPATH = S, ask J1. Else, go to K1.

J1. Sometimes children spend time caring for themselves, either at home or somewhere else, without an adult or older child responsible for them. Does (CHILD) spend time caring for (himself/herself) on a regular basis?

SCSELF

YES . . . . . 1 (GO TO J2)
NO . . . . . 2 (GO TO K1)

J2. Does (CHILD) care for (himself/herself) at least once each week?

SCWEEK

YES . . . . . 1 (GO TO J7)
NO . . . . . 2 (GO TO J3)

J3. Does (CHILD) care for (himself/herself) on some other regularly scheduled basis, at least once each month?

SCMONTH

YES . . . . . 1 (GO TO J4)
NO . . . . . 2 (GO TO BOX BEFORE K1)

J4. For how many weeks each month does (CHILD) care for (himself/herself)?

SCWKSMO WEEKS . . . . . ☐

J5. During (that week/those weeks), how many days each week does (CHILD) care for (himself/herself)?

SCDAYSWK DAYS . . . . . ☐

J6. And during (that week/those weeks), how many hours each week does (CHILD) care for (himself/herself)?

SCHRSWK HOURS . . . . . ☐☐ (GO TO BOX BEFORE K1)

J7. How many days each week does (CHILD) care for (himself/herself)?

SCDAYS DAYS . . . . . ☐

J8. How many hours each week does (CHILD) care for (himself/herself)?

SCHRS HOURS . . . . . ☐☐

Program Continuity

> ***If D2, E2, F2, and G2 or G6 = 2, (child has never participated in nonparental care or programs), go to HAINTRO. Else, ask K1.***

K1. [Other than the programs and care arrangements (he/she) has now, since/Since] (the school year started) this past September, have you used any (other) child care arrangements or (early childhood/before or after school) programs for (CHILD) on a regular basis? Please do not include activities or lessons, like sports.

PCOTHER

YES . . . . . 1 (GO TO K2)
NO . . . . . 2 (GO TO HAINTRO)

K2. How many child care arrangements or programs have you used for (CHILD) on a regular basis since this past September [, not counting the ones (he/she) has now]?

PCNUM

NUMBER . . . . . ☐☐

K3. (We will be talking about the 2 most recent of those arrangements or programs.) [Let's start with the most recent of those other arrangements or programs./Let's talk about the second most recent arrangement.] Who provided that care or program? Was it ...

PCWHO1-PCWHO2
PCWHOOS1/R-PCWHOOS2/R

A relative such as a grandparent or a brother or sister; . . . . . 1 (GO TO K4)
A nonrelative such as a home child care provider or neighbor; . . . . . 2 (GO TO K4)
[NOT I, K, S] A Head Start program; . . . . . 3 (GO TO K5)
A day care center, (nursery school, preschool, or prekindergarten/or before/after school) program; 4 (GO TO K5)
[NOT I] A community recreation program, pool, or supervised playground; . . . . . 5 (GO TO K5)
[ONLY S] Did (he/she) take care of (himself/herself); 6 (GO TO K5)
Or did you have some other arrangement? . . . . . 91 (GO TO K5)
SPECIFY_____

K4. Did that (relative/nonrelative) care for (CHILD) in your own home or in another home?

PCPLACE1-PCPLACE2

OWN HOME 1
OTHER HOME 2
BOTH/VARIES 3

K5. When did that arrangement start and end? That is, in what month and year?
[MUST HAVE ENDED SINCE THIS PAST SEPTEMBER]

PCSTRYR1-PCSTRYR2
PCSTRMM1-PCSTRMM2

START MONTH ( ) START YEAR 19 ( )

PCENDYY1-PCENDYY2
PCENDMM1-PCENDMM2

END MONTH ( ) END YEAR 19 ( )

K6. During the time (CHILD) was in that arrangement, how many <u>days</u> each week did (he/she) [receive care/go to the program/take care of (himself/herself)]?

PCDAYS1-PCDAYS2

DAYS . . . . . ☐

K7. How many <u>hours</u> each <u>week</u> did (he/she) [receive that care/go to the program/take care of (himself/herself)]?

PCHRS1-PCHRS2

HOURS . . . . . ☐☐

K8. What is the <u>main</u> reason that arrangement ended?

PCREASO1-PCREASO2

PCRSNOS1/R-PCRSNOS2/R

PROVIDER CLOSED/STOPPED PROVIDING CARE	1
CHILD EXCEEDED AGE OF OLD PROGRAM	2
CHILD REACHED AGE FOR NEW PROGRAM	3
PARENT OR CHILD UNHAPPY WITH PROGRAM	4
WANTED EDUCATIONAL PROGRAM	5
PREFERRED PROGRAM BECAME AVAILABLE	6
COULD NO LONGER AFFORD CARE/PROGRAM	7
PARENT CHANGED JOB OR SCHEDULE	8
RESPONDENT/CHILD MOVED	9
PARENT STOPPED WORKING/FINISHED SCHOOL	10
ARRANGEMENT WAS TEMPORARY/SEASONAL	11
OTHER	91

SPECIFY_____

If K2 = 1 (one other arrangement since September), ask K9. Else, if K2 = > 2 (two or more arrangements since September), return to K3 until the two most recent arrangements have been completed, then go to HAINTRO.

K9. Other than what we've already talked about, did you use any other (early childhood/before or after school) programs or child care arrangements for (CHILD) since (school began) this past September? Please do not include activities or lessons, like sports.

*

YES	1	(GO TO K3)
NO	2	(GO TO HAINTRO)

HOME ACTIVITIES

HAINTRO. (This/These) next question(s) (is/are) about (reading/activities) with (CHILD) in your home.

L1. How many times have you or someone in your family read to (CHILD) in the past week? Would you say ...

HAREADFM

Not at all, ... 1
Once or twice, ... 2
Three or more times, or 3
Every day? 4

If ECPATH = S, ask L2. Else, go to box after L2.

L2. How many times did (CHILD) read to you or someone in your family in the past week? Would you say ...

HAREADCH

Not at all, ... 1
Once or twice, ... 2
Three or more times, or 3
Every day? 4

If AGE94 =< 2, go to HINTRO. Else, ask L3.

L3. In the past week, have you or someone in your family told (CHILD) a story?

HASTORY

YES . . . . . 1 (GO TO L4)
NO . . . . . 2 (GO TO L5)

L4. Was that one or two times, or three or more?

HASTORYN

ONE OR TWO TIMES 1
THREE OR MORE 2

L5. In the past month, have you or someone in your family visited a library with (CHILD)?

HALIBRAY

YES 1
NO 2

Health and Disability

HINTRO. Now I have a few questions about (CHILD'S) health.

M1. When (CHILD) was born, did (he/she) weigh more than 5 and a half pounds?

HD5LBS

YES 1
NO 2

M2. In general, would you say that (CHILD'S) health is...

HDHEALTH

Excellent, ... 1
Very good, ... 2
Good, ... 3
Fair, or 4
Poor? 5

M3. Has a doctor or other health professional ever told you that (CHILD) was developmentally delayed?

HDDELAY

YES 1
NO 2

If AGE94 => 3, ask M4. Else, if AGE94 =< 2, go to M6.

M4. Does (CHILD) have any of the following disabilities?
[RANDOM START; KEEP E AND F, G AND H TOGETHER; KEEP J LAST.]

			YES	NO
HDLEARN	a.	A specific learning disability?	1	2
HDRETARD	b.	Mental retardation?	1	2
HDSPEECH	c.	A speech impairment?	1	2
HDDISTRB	d.	A serious emotional disturbance?	1	2
HDDEAF	e.	Deafness?	1	2
HDHEAR	f.	[DO NOT DISPLAY IF e=1] Another hearing impairment?	1	2
HDBLIND	g.	Blindness?	1	2
HDVISUAL	h.	[DO NOT DISPLAY IF g=1] Another visual impairment?	1	2
HDORTHO	i.	An orthopedic impairment?	1	2
HDOTHER	j.	Another health impairment lasting 6 months or more?	1	2

If any M4a-j = 1, ask M5.
Else, go to box after M6.

M5. (Does/Do) (CHILD'S) (disability/disabilities) affect (his/her) ability to learn?

HDAFFECT

YES 1
NO 2

If AGE94 = > 3, go to box after M6. Else, ask M6.

M6. Does (CHILD) have any of the following disabilities?
[RANDOM START; KEEP A AND B, C AND D TOGETHER; KEEP G LAST.]

			YES	NO
HDDEAF	a.	Deafness?	1	2
HDHEAR	b.	[DO NOT DISPLAY IF a = 1] Another hearing impairment?	1	2
HDBLIND	c.	Blindness?	1	2
HDVISUAL	d.	[DO NOT DISPLAY IF c = 1] Another visual impairment?	1	2
HDORTHO	e.	An orthopedic impairment?	1	2
HDDEVEL	f.	Severe developmental delay?	1	2
HDOTHER	g.	Another health impairment (lasting 6 months or more)?	1	2

If AGE94 = > 3 and any M4a-j = 1, ask M7.
If AGE94 = < 2 and any M6a-g = 1, ask M8.
Else, go to LFINTRO.

M7. Is (CHILD) receiving services for (his/her) (disability/disabilities) from...

			YES	NO
HDSCHL	a.	Your local school district?	1	2
HDGOVT	b.	A state or local health or social service agency?	1	2
HDDOCTOR	c.	A doctor or clinic	1	2
HDSOURCE	d.	Some other source?	1	2
HDSOUROS/R		What is that?_____		

If M7a-d all = 2, go to LFINTRO. Else, go to next box.

M8. Is (CHILD) receiving services for (his/her) (disability/disabilities)...

			YES	NO
HDIFSP	a.	Through an Individualized Family Service Plan, or IFSP?	1	2
HDINFSRC	b.	From any other source?	1	2
HDINFSOS/R		What is that?_____		

If M8a = 2 and M8b = 2 (child does not receive services) go to LFINTRO.
Else, go to next box.

If ECPATH = K or S go to M12.
If ECPATH = H, go to LFINTRO.
If F1 = 1 (child attends Head Start), ask M9.
Else, go to box after M9.

M9. Does the Head Start program (CHILD) attends coordinate or provide those services?

HDHEAD

YES 1
NO 2

If ECPATH = I or N and G1 = 1 (child attends a day care center, nursery school, or preschool), ask M10. Else, go to box after M11.

M10. (Does the/Do any of the) day care center(s), nursery school(s), or preschool(s) (CHILD) attends coordinate or provide those services?

HDCENT

YES 1
NO 2

If M10 = 1 and child has more than one center-based arrangement, ask M11.
If M10 = 1 and child attends only one center-based program, autocode M11 to equal that center.
Else, go to box after M11.

M11. Which centers or programs coordinate or provide those services?
[MARK ALL THAT APPLY.]

[DISPLAY ALL CENTER-BASED ARRANGEMENTS:]

HDSERV1-HDSERV3

(ARRANGEMENT 1: LOCATION; DAYS & HOURS/WEEK)
(ARRANGEMENT 2: LOCATION; DAYS & HOURS/WEEK)
(ARRANGEMENT 3: LOCATION; DAYS & HOURS/WEEK)

If ECPATH = K or S, ask M12.
If ECPATH = I, N and F1 = 1 or G1 = 1 (child attends Head Start or a day care center, nursery school, or preschool), ask M12.
Else, go to LFINTRO.

NOTE: The HDSERV variables at item M11 indicate whether center-based programs reported for children with disabilities provide services. Since a maximum of three centers were reported for any child, there are three HDSERV variables on the file. HDSERV1 indicates whether the first-reported center provides services (1 = yes, 2 = no); HDSERV2 indicates whether the second-reported center (if any) provides services; and HDSERV3 indicates whether the third-reported center (if any) provides services.

M12. [ASK IF M9 = 1 AND FOR EACH ARRANGEMENT IN M11.]
Do all of the children in (CHILD'S) (class at school/room or group at) (the Head Start program/the program/ARRANGEMENT#) have disabling conditions, or is (he/she) in a mixed (class/group) with some children who have disabilities and some who don't?

CHMIX
HDMIX
CPMIX1-
CPMIX3

ALL HAVE DISABILITIES 1
SOME DO, SOME DON'T 2

If M12 = 2, ask M13. Else, ask M12 for next center-based arrangement or go to LFINTRO.

M13. Does (CHILD) usually spend all of (his/her) time in the mixed (class/group), or does (he/she) sometimes leave the (class/group) for separate services or instruction?

CHMIXALL
HDMIXALL
CPMIXAL1-
CPMIXAL3

SPENDS ALL TIME IN THE MIXED CLASS/GROUP 1
SOMETIMES LEAVES THE MIXED CLASS/GROUP 2

The mother and father sections are asked only once per mother and father in the household.

Parent/Guardian Characteristics

LFINTRO. Now I have some questions about [(you) (and) (CHILD'S) (mother/stepmother/foster mother) (and) (father/stepfather/foster father)]. [Let's start with (you/(CHILD'S) mother).]

Mother Items

If HHMOM = 1 or 2 (mother or female guardian), ask N1. Else, if HHMOM = 3 (no mother/female guardian), go to box before O1.

N1. What is [your/(CHILD'S) (mother's/stepmother's/foster mother's)] marital status?

MOMSTAT

MARRIED/REMARRIED 1
SEPARATED 2
DIVORCED 3
WIDOWED 4
NEVER MARRIED 5

N2. How old (were you/was (CHILD'S) (mother/stepmother/foster mother) when (you/she) first became a mother, stepmother, or guardian to any child?

MOMNEW

YEARS . . . . . ☐☐

NOTE: Items M12 and M13 are asked of several different types of children with disabilities. CHMIX and CHMIXALL apply to classes at school for kindergartners or primary schoolers; HDMIX and HDMIXALL apply to classes or groups at Head Start programs that provide services (i.e., when HDHEAD = yes); and CPMIX1, CPMIXAL1, CPMIX2, CPMIXAL2, and CPMIX3, CPMIXAL3 apply to the classes or groups at the first-, second-, and third-reported center-based programs that provide services (i.e., when HDSERV1, HDSERV2, or HDSERV3 = yes).

N3. What was the first language [you/(CHILD'S) (mother/stepmother/foster mother)] learned to speak?

MOMLANG
MOMLANOS/R

ENGLISH	1	(GO TO N5)
SPANISH	2	(GO TO N4)
ANOTHER LANGUAGE	91	(GO TO N4)
SPECIFY_____		

N4. What language [do you/does (CHILD'S) (mother/stepmother/foster mother)] speak most at home now?

MOMSPEAK
MOMSPEOS/R

ENGLISH	1	
SPANISH	2	
[DISPLAY ANOTHER LANGUAGE SPECIFIED IN N3]	3	
ANOTHER LANGUAGE	91	
SPECIFY_____		

N5. In what country [were you/was (CHILD'S) (mother/stepmother/foster mother)] born?

MOMBORN
MOMBOOS1/R
MOMBOOS2/R

UNITED STATES (50 STATES OR D.C.)	1	(GO TO N7)
U.S. TERRITORIES: PUERTO RICO, GUAM, AMERICAN SAMOA, US VIRGIN ISLANDS, MARIANA ISLANDS, OR SOLOMON ISLANDS	2	(GO TO N6)
SPECIFY_____		
SOME OTHER COUNTRY	3	(GO TO N6)
SPECIFY_____		

N6. How old (were you/was she) when (you/she) first moved to the (United States/50 states or the District of Columbia)?

MOMUSAGE

AGE ..... ☐☐

N7. What is the highest grade or year of school that [you/(CHILD'S) (mother/stepmother/foster mother)] completed?

MOMGRAD1
MOMGRAD2
MOMGRADE

UP TO 8TH GRADE	1	(ENTER ACTUAL GRADE, GO TO N8)
9TH TO 11TH GRADE	2	(ENTER ACTUAL GRADE, GO TO N8)
12TH GRADE BUT NO DIPLOMA	3	(GO TO N8)
HIGH SCHOOL DIPLOMA/EQUIVALENT	4	(GO TO N9)
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	5	(GO TO N8)
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	6	(GO TO N8)
SOME COLLEGE BUT NO DEGREE	7	(GO TO N7OV)
ASSOCIATE'S DEGREE	8	(GO TO N8)
BACHELOR'S DEGREE	9	(GO TO N9)
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	10	(GO TO N9)
MASTER'S DEGREE (MA, MS)	11	(GO TO N9)
DOCTORATE DEGREE (PHD, EDD)	12	(GO TO N9)
PROFESSIONAL DEGREE BEYOND BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	13	(GO TO N9)

NOTE: For question N4, category 3 is coded as 91 in the data file.

N7OV. (Did you/Did she) earn a vocational or technical diploma after leaving high school?

MOMVOCDI

YES 1
NO 2

N8. (Do you/Does she) have a high school diploma or its equivalent, such as a GED?

MOMDIPL

YES 1
NO 2

N9. During the past week, did [you/(CHILD'S) (mother/stepmother/foster mother)] work at a job for pay?

MOMWORK

YES . . . . . 1 (GO TO N11)
NO . . . . . 2 (GO TO N10)
RETIRED . . . . . 3 (GO TO N13)

N10. (Were you/Was she) on leave or vacation from a job during the past week?

MOMLEAVE

YES . . . . . 1 (GO TO N11)
NO . . . . . 2 (GO TO N13)

N11. About how many total hours per week (do you/does she) usually work for pay, counting all jobs?

MOMHOURS

[IF HOURS VARY, PROBE FOR AVERAGE PER WEEK.]

WEEKLY HOURS . . . . . □□

N12. Counting all jobs, about how much (do you/does she) earn before taxes and other deductions?

MOMEARN

AMOUNT . . . . . □□□□□.□□

MOMUNIT
MOMUNIOS/R

PER
HOUR 1
DAY 2
WEEK 3
BI-WEEKLY 4
MONTH 5
YEAR 6
OTHER 91
SPECIFY_____

If ECPP respondent completed an Adult Education interview (AE): If A7 = 1 (worked in the past 12 months in AE), copy response from J23 (number of months worked in AE) into N16. If A7 = 2 (did not work in past 12 months in AE), then set N13 = 0.

N13. How many months (,if any,) (have you/has she) worked for pay in the past 12 months?

MOMMTHS

MONTHS . . . . . □□

If N9 or N10 = 1 (working or on leave/vacation), go to N18. If N9 = 3 (retired), autocode N16 = 3 and go to N18. Else, ask N14.

N14. (Have you/Has she) been actively looking for work in the past 4 weeks?

MOMLOOK

YES . . . . . 1 (GO TO N15)
NO . . . . . 2 (GO TO N16)

N15. What (have you/has she) been doing in the past 4 weeks to find work?
[CODE ALL THAT APPLY.]

MOMPUBL	CHECKED WITH PUBLIC EMPLOYMENT AGENCY	1
MOMPRIV	CHECKED WITH PRIVATE EMPLOYMENT AGENCY	2
MOMEMPL	CHECKED WITH EMPLOYER DIRECTLY/SENT RESUME	3
MOMREL	CHECKED WITH FRIENDS OR RELATIVES	4
MOMANSAD	PLACED OR ANSWERED ADS/SENT RESUME	5
MOMREAD	READ WANT-ADS	6
MOMOTHER	SOMETHING ELSE	91
MOMOTHOS/R	SPECIFY_____	

If N15 = 1 through 5, go to N17. Else, go to N16.

N16. What (were you/was she) doing most of last week? Would you say ...

MOMACTY

Keeping house or caring for children, ... 1
Going to school, ... 2
Retired, ... 3
Unable to work, or 4

MOMACTOS/R

Something else? 91
What was that?_____

If N15 = 91, ask N17. Else, go to N18.

N17. Could (you/she) have taken a job last week if one had been offered?

MOMTAKE

YES 1
NO 2

N18. (Are you/Is she) attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training [other than at (your/her) regular job]?

MOMENROL

YES . . . . . 1 (GO TO N19)
NO . . . . . 2 (GO TO BOX AFTER N19)

N19. How many hours each week (do you/does she) attend school or training?
[REFERS TO ACTUAL TIME, NOT CREDIT HOURS.]

MOMENHRS

HOURS . . . . . □□

If N9 = 1 or N10 = 1 or N16 = 2 or N18 = 1 (mother/female guardian is employed for pay or attending school or training), ask N20 for each child.
Else, go to box before O1.

N20. [DISPLAY CARE ARRANGEMENTS/PROGRAMS, IF ANY]
What is (CHILD) usually doing or how is (he/she) usually cared for during most of the hours that [you/(CHILD)'s mother/stepmother/foster mother] (are/is) at (work) (or) (school or training)? For example, is (CHILD)(in school,)[(at one of the/at the) arrangement(s) we talked about,] cared for by (his/her) other parent, or something else?

MOMCARE
MOMCAROS/R

ARRANGEMENT NUMBER . . . . . ☐☐
IN SCHOOL [ECPATH = K,S ONLY] 21
MOTHER WORKS AT HOME/CARES FOR CHILD AT WORK OR SCHOOL 22
CARED FOR BY CHILD'S OTHER PARENT/ STEPPARENT/FOSTER PARENT 23
SELF CARE [ECPATH = S ONLY] 24
MATERNITY LEAVE 25
SOMETHING ELSE 91
SPECIFY_____

N21. Does that arrangement cover all of the hours that [you/(CHILD)'s mother/stepmother/foster mother] (are/is) at (work) (or) (school or training)?

MOMCAROT

YES . . . . . 1 (GO TO BOX AFTER N22)
NO . . . . . 2 (GO TO N22)

N22. [DISPLAY CARE ARRANGEMENTS/PROGRAMS, IF ANY]
What is (CHILD) usually doing or how is (he/she) usually cared for during most of the other hours that [you/(CHILD)'s mother/stepmother/foster mother] (are/is) at (work) (or) (school or training)? Is (CHILD)(in school,)[(at one of the/at the) arrangement(s) we talked about,] cared for by (his/her) other parent, or something else?

MOMCARWH
MOMCWHOS/R

ARRANGEMENT NUMBER . . . . . ☐☐
IN SCHOOL [ECPATH = K,S ONLY] 21
MOTHER WORKS AT HOME/CARES FOR CHILD AT WORK OR SCHOOL 22
CARED FOR BY CHILD'S OTHER PARENT/ STEPPARENT/FOSTER PARENT 23
SELF CARE [ECPATH = S ONLY] 24
MATERNITY LEAVE 25
SOMETHING ELSE 91
SPECIFY_____

If HHDAD = 1 or 2 (father or male guardian), ask O1. Else, if HHDAD = 3 (no father or male guardian), go to HHINTRO.

Father Items

O1. What was the first language [you/(CHILD'S) (father/stepfather/foster father)] learned to speak?

DADLANG
DADLANOS/R

ENGLISH	1	(GO TO O3)
SPANISH	2	(GO TO O2)
ANOTHER LANGUAGE	91	(GO TO O2)
SPECIFY_____		

O2. What language [do you/does (CHILD'S) (father/stepfather/foster father)] speak most at home now?

DADSPEAK
DADSPEOS/R

ENGLISH	1
SPANISH	2
[DISPLAY ANOTHER LANGUAGE SPECIFIED IN O1]	3
ANOTHER LANGUAGE	91
SPECIFY_____	

O3. In what country [were you/was (CHILD'S) (father/stepfather/foster father)] born?

DADBORN
DADBOOS1/R
DADBOOS2/R

UNITED STATES (50 STATES OR D.C.)	1	(GO TO O5)
U.S. TERRITORIES: PUERTO RICO, GUAM, AMERICAN SAMOA, US VIRGIN ISLANDS, MARIANA ISLANDS, OR SOLOMON ISLANDS	2	(GO TO O4)
SPECIFY_____		
SOME OTHER COUNTRY	3	(GO TO O4)
SPECIFY_____		

O4. How old (were you/was he) when (you/he) first moved to the (United States/50 states or the District of Columbia)?

DADUSAGE

AGE . . . . . □□

O5. What is the highest grade or year of school that [you/(CHILD'S) (father/stepfather/foster father)] completed?

DADGRAD1
DADGRAD2
DADGRADE

UP TO 8TH GRADE	1	(ENTER ACTUAL GRADE, GO TO O6)
9TH TO 11TH GRADE	2	(ENTER ACTUAL GRADE, GO TO O6)
12TH GRADE BUT NO DIPLOMA	3	(GO TO O6)
HIGH SCHOOL DIPLOMA/EQUIVALENT	4	(GO TO O7)
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	5	(GO TO O6)
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	6	(GO TO O6)
SOME COLLEGE BUT NO DEGREE	7	(GO TO O5OV)
ASSOCIATE'S DEGREE	8	(GO TO O6)
BACHELOR'S DEGREE	9	(GO TO O7)
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	10	(GO TO O7)
MASTER'S DEGREE (MA, MS)	11	(GO TO O7)
DOCTORATE DEGREE (PHD, EDD)	12	(GO TO O7)
PROFESSIONAL DEGREE BEYOND BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	13	(GO TO O7)

NOTE: For Question O2, category 3 is coded as 91 in the data file.

O5OV. (Did you/Did he) earn a vocational or technical diploma after leaving high school?

DADVOCDI

YES 1
NO 2

O6. (Do you/Does he) have a high school diploma or its equivalent, such as a GED?

DADDIPL

YES 1
NO 2

O7. During the past week, did [you/(CHILD'S) (father/stepfather/foster father)] work at a job for pay?

DADWORK

YES 1
NO 2
RETIRED 3

If O7 = 1 (worked last week), go to O9. If O7 = 3 (retired), autocode O12 = 3 and go to O14. Else, ask O8.

O8. (Were you/Was he) on leave or vacation from a job during the past week?

DADLEAVE

YES . . . . . 1 (GO TO O9)
NO . . . . . 2 (GO TO O10)

O9. About how many total hours per week (do you/does he) usually work for pay, counting all jobs?
DADHOURS [IF HOURS VARY, PROBE FOR AVERAGE PER WEEK.]

WEEKLY HOURS . . . . . ☐☐

If O7 or O8 = 1 (working or on leave/vacation), go to O14. Else, ask O10.

O10. (Have you/Has he) been actively looking for work in the past 4 weeks?

DADLOOK

YES . . . . . 1 (GO TO O11)
NO . . . . . 2 (GO TO O12)

O11. What (have you/has he) been doing in the past 4 weeks to find work?
[CODE ALL THAT APPLY.]

DADPUBL CHECKED WITH PUBLIC EMPLOYMENT AGENCY 1
DADPRIV CHECKED WITH PRIVATE EMPLOYMENT AGENCY 2
DADEMPL CHECKED WITH EMPLOYER DIRECTLY/SENT RESUME 3
DADREL CHECKED WITH FRIENDS OR RELATIVES 4
DADANSAD PLACED OR ANSWERED ADS/SENT RESUME 5
DADREAD READ WANT-ADS 6
DADOTHER SOMETHING ELSE 91
DADOTHOS/R SPECIFY_____

If O11 = 1 through 5, go to O13.
Else, go to O12.

O12. What (were you/was he) doing most of last week? Would you say...

DADACTY Keeping house or caring for children, ... 1
DADACTOS/R Going to school, ... 2
Retired, ... 3
Unable to work, or 4
Something else? 91
What was that?_____

If O11 = 91, ask O13. Else, go to O14.

O13. Could (you/she) have taken a job last week if one had been offered?

DADTAKE YES 1
NO 2

O14. (Are you/Is he) attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training [other than on (your/his) regular job]?

DADENROL

YES . . . . . 1 (GO TO O15)
NO . . . . . 2 (GO TO HHINTRO)

O15. How many hours per week (do you/does he) attend school or training?
[REFERS TO ACTUAL TIME NOT CREDIT HOURS.]

DADENHRS HOURS . . . . . □□

The following questions are asked only once per household.

HOUSEHOLD CHARACTERISTICS

HHINTRO. Finally, a few questions about your household.

P1. Do you...
Own your home, ... 1
HOWNHOME Rent your home, or 2
Have some other arrangement? 3

P2. Besides (PHONE NUMBER), do you have other telephone numbers in your household?

HOTHNUM

YES . . . . . 1 (GO TO P3)
NO . . . . . 2 (GO TO P4)

P3. How many of these additional telephone numbers are for home use?

HNUMUSE NUMBER . . . . . □

P4. During the past 12 months, has your household ever been without telephone service for more than 24 hours?

HPHONSVC

YES . . . . . 1 (GO TO P5)
NO . . . . . 2 (GO TO P6)

P5. What was the total amount of time your household was without telephone service in the past 12 months?

HSVCNUM

NUMBER . . . . . □□

HSVCUNIT

DAYS 1
WEEKS 2
MONTHS 3

P6. So that we can group households geographically, may I have your ZIP code?

HZIPCODE/R

ZIP CODE . . . . . □□□□□

P7. In the past 12 months, has your family received funds or services from any of the following programs? How about...

			YES	NO
HWIC	a.	Women, Infants, and Children, or WIC?	1	2
HFOODST	b.	Food Stamps?	1	2
HAFDC	c.	AFDC, or Aid to Families with Dependent Children?	1	2

P8. In studies like this, households are sometimes grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members.

HINCMRNG

Was it....

$25,000 or less, or . . . . . 1 (READ SET 1)
More than $25,000? . . . . . 2 (READ SET 2)

HINCOME

Was it...

[SET 1]
$5,000 or less, ... 1
$5,001 to $10,000, ... 2
$10,001 to $15,000, ... 3
$15,001 to $20,000, or 4
$20,001 to $25,000? 5

[SET 2]
$25,001 to $30,000, ... 6
$30,001 to $35,000, ... 7
$35,001 to $40,000, ... 8
$40,001 to $50,000, ... 9
$50,001 to $75,000, or 10
Over $75,000? 11

Ask P8OV if
(Number in HH = 2 and HINCOME = 2) or
(Number in HH = 3 and HINCOME = 3) or
(Number in HH = 4 and HINCOME = 3) or
(Number in HH = 5 and HINCOME = 4) or
(Number in HH = 6 and HINCOME = 4) or
(Number in HH = 7 and HINCOME = 5) or
(Number in HH = 8 and HINCOME = 5) or
(Number in HH = 9 and HINCOME = 6) or
(Number in HH = 10 and HINCOME = 6) or
(Number in HH = 11 and HINCOME = 7) or
(Number in HH = 12 and HINCOME = 7).
Else, go to CLOSE2.

P8OV. What was your total household income last year, to the nearest thousand?

HINCMEXT

AMOUNT . . . . . $□□,□□□

CLOSE1. Thank you, but we are only asking about children in a specific age or grade range. Please hold on for a moment while I check to see if there is anyone else I need to ask you about or anyone else I need to speak with.

CLOSE2. Those are all the questions I have about (CHILD). Please hold on for a moment while I check to see if there is anyone else I need to ask about, (or anyone else I need to speak with).

NHES:95 Adult Education Interview

INTRO1. [READ DISPLAY IF RESPONDENT WAS NOT SCREENER RESPONDENT.] Hello, this is (INTERVIEWER) calling for the U.S. Department of Education. We are conducting a voluntary and confidential national study about the education of adults.
[SCREENER RESPONDENTS: The purpose of our study is to learn what kinds of educational activities adults take part in and why some adults do not participate. These questions usually take about 15 to 20 minutes.

INTRO2. First, I have a few questions about your education, your work experience, and your language background.

A. INITIAL BACKGROUND

A1. What is the highest grade or year of school that you completed?

IBGRADE IBGRAD1 IBGRAD2	UP TO 8TH GRADE 1	(ENTER ACTUAL GRADE, GO TO A2)
	9TH TO 11TH GRADE 2	(ENTER ACTUAL GRADE, GO TO A2)
	12TH GRADE BUT NO DIPLOMA 3	(GO TO A2)
	HIGH SCHOOL DIPLOMA/EQUIVALENT 4	(GO TO A3)
	VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA 5	(GO TO A2)
	VOC/TECH DIPLOMA AFTER HIGH SCHOOL 6	(GO TO A2)
	SOME COLLEGE BUT NO DEGREE 7	(GO TO A1OV)
	ASSOCIATE'S DEGREE 8	(GO TO A2)
	BACHELOR'S DEGREE 9	(GO TO A5)
	GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE . 10	(GO TO A5)
	MASTER'S DEGREE (MA, MS) 11	(GO TO A5)
	DOCTORATE (PHD, EDD) 12	(GO TO A5)
	PROFESSIONAL DEGREE BEYOND BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) . 13	(GO TO A5)

Do not ask A2 of Screener respondents.
Copy answer from Screener.

A1OV. Did you earn a vocational or technical diploma after leaving high school?

IBVOCDIP	YES 1	
	NO 2	

NOTE: Response categories shown in mixed cases (upper and lower) are read to the respondent by the interviewer. Those shown in all upper case are not read. Those shown in italics were added during data cleaning (i.e., additional codes were created from among the "specify" responses.

NOTE: In general, variables designated by /R appear on the restricted file only. However, some variables with this designation contained no responses and therefore were not included on the restricted file. Please consult the Proprietary Data File User's Guide for a specification of which variables were excluded from the file.

NOTE: Questions designated by * do not appear on any data file. They were used for administrative, verification, or coding purposes only.

BEST COPY AVAILABLE

A2. Do you have a high school diploma or its equivalent, such as a GED?

IBDIPL
YES . . . . . 1 (GO TO A3)
NO . . . . . 2 (GO TO A6)

A3. Did you receive your high school diploma or its equivalent in the U.S.?

IBUSDIPL
YES 1
NO 2

A4. Did you receive your high school diploma or its equivalent in the past 12 months?

IBDIPLYR
YES 1
NO 2

A5. Did you complete your high school requirements through a GED test?

IBGED
YES 1
NO 2

A6. Did you work at a job for pay or income at any time in the past 12 months?

IBWORK12
YES . . . . . 1 (GO TO A7)
NO . . . . . 2 (GO TO A10)

A7. Were you self-employed at any time in the past 12 months?

IBSELFEM
YES . . . . . 1 (GO TO A8)
NO . . . . . 2 (GO TO A9)

A8. Did you also work for another employer in the past 12 months?

IBOTHEMP
YES . . . . . 1 (GO TO A9)
NO . . . . . 2 (GO TO A10)

If A7 = 1 and A8 NE 1 (self-employed only), then autocode A9 (# of employers) = 1.

A9. (Counting your self-employment,) For how many different employers did you work in the past 12 months?

IBEMPL12
NUMBER . . . . . □□

A10. Now, about your language background. What was the first language you learned to speak?

IBLANG
ENGLISH . . . . . 1 (GO TO INTRO3)
SPANISH . . . . . 2 (GO TO A11)
ANOTHER LANGUAGE . . . . . 91 (GO TO A11)

IBLANGOS/R
SPECIFY_____

Autocode A11 = 1 if A10 = 1.

A11. What language do you speak most at home now?

IBSPEAK

ENGLISH 1
SPANISH 2
ANOTHER LANGUAGE 91

IBSPEAOS/R SPECIFY_____

INTRO3. Now, I'd like to ask you about different kinds of education and training programs, courses, workshops, and seminars you may have taken during the past 12 months. (Please don't include day-time high school programs.)

Ask B1 if A11 NE 1 (main language is other than English).
Else, go to box before C1.

B. ENGLISH AS A SECOND LANGUAGE

B1. These first questions are about English as a Second Language only. Please do not include other classes here. During the past 12 months, did you have a tutor or take any classes to learn English as a Second Language?

ESLANG
YES . . . . . 1 (GO TO B1OV)
NO . . . . . 2 (GO TO B19)

For Participants

B1OV. Is this ESL class a part of a college program?

ESCOLL
YES 1
NO 2

If B1OV = 1, ask B6 and B7; then go to box before C1.
Else, go to B2.

B2. How many different ESL programs did you take in the past 12 months?

ESDIFF
ONE 1
TWO 2
THREE OR MORE 3

B3. What was the main reason you took English as a Second Language classes?
[PROBE: READ LIKELY ANSWER(S)]

ESREASON
TO IMPROVE, ADVANCE, OR KEEP UP TO DATE ON CURRENT JOB 1
TO TRAIN FOR A NEW JOB OR A NEW CAREER 2
TO IMPROVE YOUR BASIC READING, WRITING, OR MATH SKILLS 3
TO MEET A REQUIREMENT FOR A DIPLOMA, DEGREE, OR CERTIFICATE OF COMPLETION 4
ESREAOS1/R SPECIFY_____
A PERSONAL, FAMILY, OR SOCIAL REASON 5
TO IMPROVE COMMUNICATION SKILLS 6
SOME OTHER MAIN REASON 91
ESREAOS2/R SPECIFY_____

B4. During the past 12 months, were you a full-time or part-time student in ESL classes or both?

ESTIME
FULL-TIME 1
PART-TIME 2
BOTH 3

B5. How did you learn about the ESL classes?

ESLEARN

FAMILY 1
FRIEND/NEIGHBOR 2
NEWSPAPER/RADIO/*TV* 3
POSTER/FLYER/MAIL/CATALOGUE 4
EMPLOYER 5
SCHOOL 6
OTHER 91

ESLEAROS/R SPECIFY_____

B6. In the past 12 months, how many weeks did you attend ESL classes?
[DO NOT ROUND - USE DECIMAL IF NEEDED]

ESWHEN NUMBER . . . . . □□

ESWHENUN Unit

DAYS	1	(GO TO B7)
WEEKS	2	(GO TO B7)
MONTHS	3	(GO TO B7)
SEMESTER	4	(GO TO B7)
QUARTER	5	(GO TO B7)
OTHER	91	(GO TO B6OV)

ESWHENOS/R SPECIFY_____

B6OV. How many weeks was that?

ESWKS WEEKS . . . . . □□

Collect number; autocode unit.

B7. For about how many hours (per day/per week) did you attend during the time you were going to ESL classes?

ESHRS NUMBER . . . . . □□

ESHRSUNT Unit
PER DAY 1
PER WEEK 2

B8. In the past 12 months, about how much of your own money would you estimate you paid for tuition, books, transportation, child care, and other expenses to take ESL classes?

ESTUITON AMOUNT . . . . . $□□,□□□

B9. What school, organization, or business provided (most of) the instruction for the ESL classes?

ESPROVID/R [IF MORE THAN ONE PROVIDER, PROBE FOR ORGANIZATION THAT PROVIDED MAJORITY OF INSTRUCTION IN THE PAST 12 MONTHS. RECORD OTHER PROVIDERS IN COMMENTS.]

INSTRUCTIONAL PROVIDER_____

B10. [DISPLAY PROVIDER STRING]
Would that be...?

ESPROVTY [READ LIKELY ANSWER(S)]

SCHOOL	An elementary school, junior high school, or high school	1
	A 2-year community or junior college	2
	A public 2-year vocational school or technical institute	3
	A 4-year college or university	4
	A private vocational, trade, business, hospital, or flight school	5
	An adult learning center	6
BUS/ASSO	A business or industry	7
	A professional association	8
GOVMT	A federal, state, county, or local government agency	9
	A public library	10
PRIVATE	A private community organization	11
	A church or religious organization	12
	A tutor or private instructor	13
OTHER	Some other organization	91

ESPROVOS/R SPECIFY_____

B11. [DISPLAY PROVIDER PREVIOUSLY CODED. IF SAME, ENTER NUMBER.]
Where did you take the ESL classes?

ESPLACID/R LOCATION_____

If B11 = B9, autocode B12

B12. [DISPLAY LOCATION STRING]
Would that be...?

ESPLACE [READ LIKELY ANSWER(S)]

SCHOOL	An elementary school, junior high school, or high school	1
	A 2-year community or junior college	2
	A public 2-year vocational school or technical institute	3
	A 4-year college or university	4
	A private vocational, trade, business, hospital, or flight school	5
	An adult learning center	6
BUS/ASSO	A business or industry	7
	A professional association	8
GOVMT	A federal, state, county, or local government agency	9
	A public library	10
PRIVATE	A private community organization	11
	A church or religious organization	12
	A tutor or private instructor	13
OTHER	Some other organization	91

ESPLACOS/R SPECIFY_____

If B10 = 2,3,4,5 then go to B12OV.
Else, go to box before B13.

B12OV. In what city and state is the school located?

ESPROVCI/R CITY_____
ESPROVST/R STATE_____

If A6 NE 1 (not worked in the past 12 months), then go to B18.
If A7 = 1 and A8 NE 1 (self-employed only), then go to B18.

B13. Was (DISPLAY PROVIDER STRING) also your employer?

ESPROVEM
YES . . . . . 1 (GO TO B15)
NO . . . . . 2 (GO TO B14)

If B13 = 1, then autocode B14 = 1.

B14. (Not counting your self-employment,) Was your employer aware that you were taking or took the ESL class?

ESAWARE
YES 1
NO 2

If B14 NE 1 (employer was not aware), then go to box after B15.

B15. Did your employer...

			YES	NO
ESEMPREQ	a.	Require you to take these classes?	1	2
ESEMPWP	b.	Give you time off from work with or without pay? .	1	2
ESEMPSPA	c.	Provide classroom space?	1	2
ESEMPPAY	d.	Pay all or part of the cost, including tuition, books, and other costs like transportation?	1	2

If B13 NE 1 and no B15b-d = 1 (no support for ESL), then go to B18.
If B13 = 1 (employer provided instruction) or any B15b-d = 1 (support for ESL) and A9 => 2 (more than one employer in the past 12 months), then go to B16.
If (B13 = 1 (employer provided instruction) or any B15b-d = 1 (support for ESL)) and A9 = 1 (one employer), then go to B17.

B16. [DISPLAY COMPANY THAT PROVIDED INSTRUCTION/SUPPORT IN PREVIOUS SECTION, IF ANY. ENTER COMPANY NUMBER IF SAME COMPANY.]
What was the name of the company that provided the support (including the instruction)?

ESPROVCO/R NAME OF COMPANY_____

B17. Did you receive any of this employer support because it was part of a union agreement?

ESUNION
YES 1
NO 2

B18. If you had it to do again, would you take the ESL class?

ESAGAIN
YES 1
NO 2

Go to box before C1.

For Non-Participants

B19. In the past 12 months, did you have an interest in taking any English as a Second Language classes?

ESINTRST
YES . . . . . 1 (GO TO B20)
NO . . . . . 2 (GO TO BOX BEFORE C1)

B20. Would you say that you were very interested, somewhat interested, or slightly interested in taking ESL classes?

ESHOWINT
VERY INTERESTED 1
SOMEWHAT INTERESTED 2
SLIGHTLY INTERESTED 3

B21. Of the ESL classes that you were interested in, did you know of any classes you could have taken in the past 12 months?

ESKNOW
YES . . . . . 1 (GO TO BOX BEFORE B22)
NO . . . . . 2 (GO TO BOX BEFORE C1)

If NUMKID10 = 0, do not display B22c.

B22. Now, I'm going to read a short list of things that may have prevented you from taking ESL classes. For each one, please tell me if it was a major obstacle, a minor obstacle, or not an obstacle. How about...
[PROBE: Was that a major, minor, or not an obstacle?]
[IF RESPONDENTS ANSWER "NO" IN B22e, ENTER "3" AND GO TO BOX BEFORE B23.
ELSE, PROBE: Was that a major or minor obstacle? THEN, COLLECT VERBATIM RESPONSE.]

			MA	MI	NOT
ESPRTIME	a.	Time	1	2	3
ESPRCOST	b.	Money or cost	1	2	3
ESPRCHIL	c.	Child care	1	2	3
ESPRTRAN	d.	Transportation	1	2	3
ESPROTH	e.	Was there any other obstacle?	1	2	3
ESPROTOS/R		What was that?_____			

ESPROTHC

PERSONAL/FAMILY PROBLEM	1
HEALTH PROBLEM	2
DISTANCE/LOCATION	3
AGE	4
MOTIVATION	5
AVAILABILITY OF COURSES	6
QUALIFICATION/REQUIREMENTS	7
WORK	8
OTHER	9

If only one major in B22,
autocode B23 = B22 major.
Else, display categories rated major in B22.
If only one minor and no major in B22,
autocode B23 = B22 minor.
Else, display categories rated minor in B22.
If no major and no minor in B22, go to box before C1.

B23. [DISPLAY RESPONSES IN B22]
Of the reasons you said were (major/minor) obstacles, what was the main thing that prevented you from taking ESL classes?

ESPRGEN

TIME	1	(GO TO B24A)
MONEY OR COST	2	(GO TO B24B)
CHILD CARE	3	(GO TO B24C)
TRANSPORTATION	4	(GO TO B24D)
(RESPONSE IN B22e)	5	(GO TO BOX BEFORE C1)

If A6 NE 1 (not worked in the past 12 months),
do not display B24Ac and B24Ad.
If NUMKID10 = 0, do not display B24Bc.
If B24Ag, B24Be, B24Cc, B24Dd = 1 or 2,
collect verbatim responses.

B24. [DISPLAY LIST ASSOCIATED WITH MAIN OBSTACLE IN B23]
Now, I'm going to read a short list of (time/money or cost/child care/transportation) related problems that may have prevented you from taking ESL classes. For each statement, please tell me if it was a major obstacle, a minor obstacle, or not an obstacle for you. How about...
[PROBE: Was that a major, minor, or not an obstacle?]
[IF RESPONDENTS ANSWER "NO" IN B24Ag, B24Be, B24Cc, B24Dd, ENTER "3" AND GO TO BOX BEFORE B25.
ELSE, PROBE: Was that a major or minor obstacle? THEN, COLLECT VERBATIM RESPONSE.]

		MA	MI	NOT
	A. TIME			
ESTIFAM	a. A desire to spend time with your family	1	2	3
ESTICHOR	b. A need to take care of family duties or chores around the house.	1	2	3
ESTICLHR	c. Being unable to take classes offered only during work hours.	1	2	3
ESTIWORK	d. Work responsibilities that do not permit you to take classes either during or after work hours.	1	2	3
ESTIACTI	e. Activities outside of work that conflict with class schedule.	1	2	3
ESTITRAV	f. The travel time to and from classes	1	2	3
ESTIOTH	g. Another time related problem	1	2	3
ESSPOTOS/R	What was that?_____			
	B. MONEY OR COST			
ESMOTUIT	a. The amount of tuition and fees for classes ...	1	2	3
ESMOBOOK	b. The cost of books and supplies for classes ...	1	2	3
ESMOCHIL	c. The cost of child care.	1	2	3
ESMOTRAN	d. The cost of transportation.	1	2	3
ESMOOTH	e. Another money or cost related problem	1	2	3
ESSPOTOS/R	What was that?_____			
	C. CHILD CARE			
ESCHCOST	a. The cost of child care	1	2	3
ESCHAVAL	b. The availability of child care.	1	2	3
ESCHOTH	c. Another problem with child care.	1	2	3
ESSPOTOS/R	What was that?_____			
	D. TRANSPORTATION			
ESTRCOST	a. The cost of transportation.	1	2	3
ESTRAVAL	b. The availability of transportation.	1	2	3
ESTRTIME	c. The travel time to and from courses.	1	2	3
ESTROTH	d. Another problem with transportation.	1	2	3
ESSPOTOS/R	What was that?_____			

If only one major in B24, autocode B25 = B24 major.
Else, display only categories rated major in B24.
If only one minor and no major in B24,
autocode B25 = B24 minor.
Else, display only categories rated minor in B24.
If no major and no minor in B24,
go to box before C1.

B25. [DISPLAY CATEGORIES IN B24]
Among the (time/money or cost/transportation/child care) related problems you indicated as (major/minor) obstacles, what was the most important obstacle?

ESPRSPEC [IF NECESSARY, USE DISPLAY AS PROBES]

A. TIME
- A DESIRE TO SPEND TIME WITH YOUR FAMILY. 1
- A NEED TO TAKE CARE OF FAMILY DUTIES OR CHORES AROUND THE HOUSE. 2
- BEING UNABLE TO TAKE CLASSES OFFERED ONLY DURING WORK HOURS. 3
- WORK RESPONSIBILITIES THAT DO NOT PERMIT YOU TO TAKE CLASSES EITHER DURING OR AFTER WORK HOURS. 4
- ACTIVITIES OUTSIDE OF WORK THAT CONFLICT WITH CLASS SCHEDULE. 5
- THE TRAVEL TIME TO AND FROM CLASSES. 6
- (VERBATIM RESPONSE IN B24Ag) 7

B. MONEY OR COST
- THE AMOUNT OF TUITION AND FEES FOR CLASSES 8
- THE COST OF BOOKS AND SUPPLIES FOR CLASSES 9
- THE COST OF CHILD CARE 10
- THE COST OF TRANSPORTATION 11
- (VERBATIM RESPONSE IN B24Be) 12

C. CHILD CARE
- THE COST OF CHILD CARE 13
- THE AVAILABILITY OF CHILD CARE 14
- (VERBATIM RESPONSE IN B24Cc) 15

D. TRANSPORTATION
- THE COST OF TRANSPORTATION 16
- THE AVAILABILITY OF TRANSPORTATION 17
- THE TRAVEL TIME TO AND FROM CLASSES. 18
- (VERBATIM RESPONSE IN B24Dd) 19

Ask C1 if A2 NE 1 (no high school diploma) or A4 = 1 (received high school diploma in the last 12 months).
If A3 NE 1 (foreign high school diploma), ask C1.
Else, go to D1.

C. Basic Skills and GED Preparation

C1. Not including regular day-time high school classes, during the past 12 months, did you have a tutor or take any classes:

			YES	NO
BSIMPROV	a.	To improve your basic reading, writing, and math skills?	1	2
BSGED	b.	To prepare to take the General Educational Development, or GED?	1	2
BSHSEQUV	c.	In some other high school equivalency program or adult high school program?	1	2

If any C1a, b, or c = 1, then ask C2.
If A3 NE 1 (foreign high school diploma) and C1a-c NE 1, go to D1.
Else, go to C18.

For Participants

C2. What was the main reason you took basic skills or high school completion classes? [PROBE: READ LIKELY ANSWER(S)]

BSREASON

- TO IMPROVE, ADVANCE, OR KEEP UP TO DATE ON CURRENT JOB 1
- TO TRAIN FOR A NEW JOB OR A NEW CAREER 2
- TO IMPROVE YOUR BASIC READING, WRITING, OR MATH SKILLS 3
- TO MEET A REQUIREMENT FOR A HIGH SCHOOL DIPLOMA OR GED 4

BSREAOS1/R — SPECIFY_____

- A PERSONAL, FAMILY, OR SOCIAL REASON 5
- *TO MEET A REQUIREMENT FOR A DIPLOMA, DEGREE, OR CERTIFICATE OTHER THAN A HIGH SCHOOL DIPLOMA OR GED* 6
- SOME OTHER MAIN REASON 91

BSREAOS2/R — SPECIFY_____

C3. During the past 12 months, were you a full-time or part-time student in these classes or both?

BSTIME

- FULL-TIME 1
- PART-TIME 2
- BOTH 3

C4. How did you learn about the classes?

BSLEARN

FAMILY	1
FRIEND/NEIGHBOR	2
NEWSPAPER/RADIO/*TV*	3
POSTER/FLYER/MAIL/CATALOGUE	4
EMPLOYER	5
SCHOOL	6
SOCIAL AGENCY	7
OTHER	91

BSLEAROS/R SPECIFY_____

C5. In the past 12 months, how many weeks did you attend basic skills or high school completion classes?
[DO NOT ROUND - USE DECIMAL IF NEEDED]

BSWHEN NUMBER . . . . . □□

BSWHENUN Unit

DAYS	1	(GO TO C6)
WEEKS	2	(GO TO C6)
MONTHS	3	(GO TO C6)
SEMESTER	4	(GO TO C6)
QUARTER	5	(GO TO C6)
OTHER	91	(GO TO C5OV)

BSWHENOS/R SPECIFY_____

C5OV. How many weeks was that?

BSWKS NUMBER . . . . . □□

Collect number; autocode unit.

C6. For about how many hours (per day/per week) did you attend during the time you were going to the classes?

BSHRS NUMBER . . . . . □□

BSHRSUNT Unit

PER DAY	1
PER WEEK	2

C7. In the past 12 months, about how much of your own money would you estimate you paid for tuition, books, transportation, child care, and other expenses to take basic skills or high school completion classes?

BSTUITON AMOUNT . . . . . $□□,□□□

C8. [DISPLAY PREVIOUS PROVIDER, IF ANY. ENTER PROVIDER NUMBER IF SAME PROVIDER.]
What school, organization, or business provided the instruction for these basic skills or high school completion classes?
[IF MORE THAN ONE PROVIDER, PROBE FOR ORGANIZATION THAT PROVIDED MAJORITY OF INSTRUCTION IN THE PAST 12 MONTHS. RECORD OTHER PROVIDERS IN COMMENTS.]

BSPROVID/R INSTRUCTIONAL PROVIDER_____

If provider is same and previously coded, copy information to C9.

C9. [DISPLAY PROVIDER STRING]
Would that be...?

BSPROVTY [READ LIKELY ANSWER(S)]

SCHOOL	An elementary school, junior high school, or high school	1
	A 2-year community or junior college	2
	A public 2-year vocational school or technical institute	3
	A 4-year college or university	4
	A private vocational, trade, business, hospital, or flight school	5
	An adult learning center	6
BUS/ASSO	A business or industry	7
	A professional association	8
GOVMT	A federal, state, county, or local government agency	9
	A public library	10
PRIVATE	A private community organization	11
	A church or religious organization	12
	A tutor or private instructor	13
OTHER	Some other organization	91

BSPROVOS/R SPECIFY_____

C10. [DISPLAY PROVIDER AND LOCATION PREVIOUSLY CODED. IF SAME, ENTER NUMBER.]
Where did you take the basic skills or high school completion classes?

BSPLACID/R LOCATION_____

If same and previously coded location, copy information to C11.

C11. [DISPLAY LOCATION STRING]
Would that be...?

BSPLACE [READ LIKELY ANSWER(S)]

SCHOOL	An elementary school, junior high school, or high school	1
	A 2-year community or junior college	2
	A public 2-year vocational school or technical institute	3
	A 4-year college or university	4
	A private vocational, trade, business, hospital, or flight school	5
	An adult learning center	6
BUS/ASSO	A business or industry	7
	A professional association	8
GOVMT	A federal, state, county, or local government agency	9
	A public library	10
PRIVATE	A private community organization	11
	A church or religious organization	12
	A tutor or private instructor	13
OTHER	Some other organization	91

BSPLACOS/R SPECIFY_____

If C9 = 2,3,4,5, then go to C11OV.
Else go to box before C12.
If provider is a school previously mentioned, copy information to C11OV and, if A6 = 1 (worked in the past 12 months), to C12.

C11OV. In what city and state is the school located?

BSPROVCI/R CITY_____
BSPROVST/R STATE_____

If A6 NE 1 (not worked in the past 12 months), then go to C17.
If A7 = 1 and A8 NE 1 (self-employed only), then go to C17.

C12. Was (DISPLAY PROVIDER STRING) also your employer?

BSPROVEM

YES	1	(GO TO C14)
NO	2	(GO TO C13)

If C12 = 1, then autocode C13 = 1.

C13. (Not counting your self-employment,) Was your employer aware that you were taking or took the basic skills or high school completion class?

BSAWARE

YES	1
NO	2

If C13 NE 1 (employer was not aware), then go to box after C14.

C14. Did your employer . . .

			YES	NO
BSEMPREQ	a.	Require you to take these classes?	1	2
BSEMPWP	b.	Give you time off from work with or without pay? .	1	2
BSEMPSPA	c.	Provide classroom space?	1	2
BSEMPPAY	d.	Pay all or part of the cost, including tuition, books, and supplies, and other costs like transportation? .	1	2

If C12 NE 1 and no C14b-d = 1 (no support for basic skills), then go to C17.
If C12 = 1 (employer provided instruction) or any C14b-d = 1 (support for basic skills) and A9 = > 2 (more than one employer in the past 12 months), then go to C15. If C12 = 1 (employer provided instruction) or any C14b-d = 1 (support for basic skills) and A9 = 1 (one employer), then go to C16.

C15. [DISPLAY COMPANY THAT PROVIDED INSTRUCTION/SUPPORT IN PREVIOUS SECTION, IF ANY. ENTER COMPANY NUMBER IF SAME COMPANY.]
What was the name of the company that provided the support (including the instruction)?

BSPROVCO/R NAME OF COMPANY_____

C16. Did you receive any of this employer support because it was part of a union agreement?

BSUNION
YES 1
NO 2

C17. If you had it to do again, would you take the basic skills or high school completion class?

BSAGAIN
YES 1
NO 2

Go to D1.

For Non-Participants

C18. In the past 12 months, did you have an interest in taking any basic skills or high school completion classes?

BSINTRST
YES . . . . . 1 (GO TO C19)
NO . . . . . 2 (GO TO D1)

C19. Would you say that you were very interested, somewhat interested, or slightly interested in taking basic skills or high school completion classes?

BSHOWINT
VERY INTERESTED 1
SOMEWHAT INTERESTED 2
SLIGHTLY INTERESTED 3

C20. Of the basic skills or high school completion classes you were interested in, did you know of any classes you could have taken in the past 12 months?

BSKNOW
YES . . . . . 1 (GO TO C21)
NO . . . . . 2 (GO TO D1)

If NUMKID10 = 0, do not display C21c.

C21. Now, I'm going to read a short list of things that may have prevented you from taking basic skills or high school completion classes. For each one, please tell me if it was a major obstacle, a minor obstacle, or not an obstacle. How about...
[PROBE: Was that a major, minor, or not an obstacle?]
[IF RESPONDENTS ANSWER "NO" IN C21e, ENTER "3" AND GO TO BOX BEFORE C22.
ELSE, PROBE: Was that a major or minor obstacle? THEN, COLLECT VERBATIM RESPONSE.]

			MA	MI	NOT
BSPRTIME	a.	Time	1	2	3
BSPRCOST	b.	Money or cost	1	2	3
BSPRCHIL	c.	Child care	1	2	3
BSPRTRAN	d.	Transportation	1	2	3
BSPROTH	e.	Was there any other obstacle?	1	2	3
BSPROTOS/R		What was that?_____			

BSPROTHC
PERSONAL/FAMILY PROBLEM 1
HEALTH PROBLEM 2
DISTANCE/LOCATION 3
AGE 4
MOTIVATION 5
AVAILABILITY OF COURSES 6
QUALIFICATION/REQUIREMENTS 7
WORK 8
OTHER 9

If only one major in C21,
autocode C22 = C21 major.
Else, display categories rated major in C21.
If only one minor and no major in C21,
autocode C22 = C21 minor.
Else, display categories rated minor in C21.
If no major and no minor in C21, go to D1.

C22. [DISPLAY RESPONSES IN C21]
Of the reasons you said were (major/minor) obstacles, what was the main thing that prevented you from taking basic skills or high school completion classes?

BSPRGEN

TIME	1	(GO TO C23A)
MONEY OR COST	2	(GO TO C23B)
CHILD CARE	3	(GO TO C23C)
TRANSPORTATION	4	(GO TO C23D)
(RESPONSE IN C21e)	5	(GO TO D1)

If A6 NE 1 (not worked in the past 12 months),
do not display C23Ac and C23Ad.
If NUMKID10 = 0, do not display C23Bc.
If C23Ag, C23Be, C23Cc, C23Dd = 1 or 2,
collect verbatim responses.

C23. [DISPLAY LIST ASSOCIATED WITH MAIN OBSTACLE IN C22]
Now, I'm going to read a short list of (time/money or cost/child care/transportation) related problems that may have prevented you from taking basic skills or high school completion classes. For each statement, please tell me if it was a major obstacle, a minor obstacle, or not an obstacle for you. How about...
[PROBE: Was that a major, minor, or not an obstacle?]
[IF RESPONDENTS ANSWER "NO" IN C23Ag, C23Be, C23Cc, C23Dd, ENTER "3" AND GO TO BOX BEFORE C24.
ELSE, PROBE: Was that a major or minor obstacle? THEN, COLLECT VERBATIM RESPONSE.]

		MA	MI	NOT
	A. TIME			
BSTIFAM	a. A desire to spend time with your family	1	2	3
BSTICHOR	b. A need to take care of family duties or chores around the house.	1	2	3
BSTICLHR	c. Being unable to take classes offered only during work hours.	1	2	3
BSTIWORK	d. Work responsibilities that do not permit you to take classes either during or after work hours.	1	2	3
BSTIACTI	e. Activities outside of work that conflict with class schedule.	1	2	3
BSTITRAV	f. The travel time to and from classes	1	2	3
BSTIOTH	g. Another time related problem	1	2	3
BSSPOTOS/R	What was that?_____			
	B. MONEY OR COST			
BSMOTUIT	a. The amount of tuition and fees for classes	1	2	3
BSMOBOOK	b. The cost of books and supplies for classes	1	2	3
BSMOCHIL	c. The cost of child care.	1	2	3
BSMOTRAN	d. The cost of transportation.	1	2	3
BSMOOTH	e. Another money or cost related problem	1	2	3
BSSPOTOS/R	What was that?_____			
	C. CHILD CARE			
BSCHCOST	a. The cost of child care	1	2	3
BSCHAVAL	b. The availability of child care.	1	2	3
BSCHOTH	c. Another problem with child care.	1	2	3
BSSPOTOS/R	What was that?_____			
	D. TRANSPORTATION			
BSTRCOST	a. The cost of transportation.	1	2	3
BSTRAVAL	b. The availability of transportation.	1	2	3
BSTRTIME	c. The travel time to and from classes.	1	2	3
BSTROTH	d. Another problem with transportation.	1	2	3
BSSPOTOS/R	What was that?_____			

If only one major in C23, autocode C24 = C23 major.
Else, display only categories rated major in C23.
If only one minor and no major in C23,
autocode C24 = C23 minor.
Else, display only categories rated minor in C23.
If no major and no minor in C23,
go to D1.

C24. [DISPLAY CATEGORIES IN C23]
Among the (time/money or cost/transportation/child care) related problems you indicated as (major/minor) obstacles, what was the most important obstacle?

BSPRSPEC [IF NECESSARY, USE DISPLAY AS PROBES]

A. TIME

- A DESIRE TO SPEND TIME WITH YOUR FAMILY. 1
- A NEED TO TAKE CARE OF FAMILY DUTIES OR CHORES AROUND THE HOUSE. 2
- BEING UNABLE TO TAKE CLASSES OFFERED ONLY DURING WORK HOURS. 3
- WORK RESPONSIBILITIES THAT DO NOT PERMIT YOU TO TAKE CLASSES EITHER DURING OR AFTER WORK HOURS. 4
- ACTIVITIES OUTSIDE OF WORK THAT CONFLICT WITH CLASS SCHEDULE. 5
- THE TRAVEL TIME TO AND FROM CLASSES. 6
- (VERBATIM RESPONSE IN C23Ag) 7

B. MONEY OR COST

- THE AMOUNT OF TUITION AND FEES FOR CLASSES 8
- THE COST OF BOOKS AND SUPPLIES FOR CLASSES 9
- THE COST OF CHILD CARE 10
- THE COST OF TRANSPORTATION 11
- (VERBATIM RESPONSE IN C23Be) 12

C. CHILD CARE

- THE COST OF CHILD CARE 13
- THE AVAILABILITY OF CHILD CARE 14
- (VERBATIM RESPONSE IN C23Cc) 15

D. TRANSPORTATION

- THE COST OF TRANSPORTATION 16
- THE AVAILABILITY OF TRANSPORTATION 17
- THE TRAVEL TIME TO AND FROM CLASSES. 18
- (VERBATIM RESPONSE IN C23Dd) 19

D. CREDENTIAL

D1. (Not including the classes you told us about earlier,) During the past 12 months, did you take any courses that are part of a program, or a series of courses associated with a program leading toward...

			YES	NO
CRDEGREE	a.	A college or university degree, such as an associate's, bachelor's, or graduate degree?	1	2
CRVOCDIP	b.	A diploma or certificate from a vocational or technical school after high school or a formal vocational training program	1	2

If D1a or b = 1, then ask D2. Else, go to E1.

For Participants

D2. In how many of these degree, diploma, or certificate programs were you enrolled during the past 12 months?

*(see note below) NUMBER . . . . . □□

D3. In what type of degree, diploma, or certificate program(s) were you working?
[CODE UP TO 5 - CATEGORIES CAN BE ENTERED MORE THAN ONCE FOR MULTIPLE PROGRAMS OF THE SAME PROGRAM TYPE.]

CRDIPLO1-CRDIPLO3

- VOC/TECH DIPLOMA AFTER HIGH SCHOOL, BUT BELOW BACHELOR'S DEGREE 1
- ASSOCIATE'S DEGREE 2
- BACHELOR'S DEGREE 3
- MASTER'S DEGREE 4
- DOCTORATE (PHD, EDD) 5
- PROFESSIONAL DEGREE BEYOND BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) . . 6
- ANOTHER DEGREE 91

CRDIPOS1-CRDIPOS3/R SPECIFY_____

Ask D4 for each program coded in D3.

D4. What was the major subject or field of study of your (CREDENTIAL)?

CRMAJOR1-CRMAJOR3/R SPECIFY_____

NOTE: Respondents' answers to item D2 do not exist on the data file. Instead, a derived variable called CRDIPNEW is included on the file which is a count of the number of entries at item D4. CRDIPNEW indicates the actual number of credential programs the respondent reported and appears in the derived variable section of the data file.

For Each Program Mentioned

Now let's talk about your (CREDENTIAL) in (SUBJECT).

Ask D5 - D20 for each program mentioned.
For second program on, if D6 = 1 (same main reason), go to box after D6.

D5. What was the main reason you were working on the (CREDENTIAL) in (SUBJECT)?
[PROBE: READ LIKELY ANSWER(S)]

CRREASO1-
CRREASO3

TO IMPROVE, ADVANCE, OR KEEP UP TO DATE ON CURRENT JOB 1
TO TRAIN FOR A NEW JOB OR A NEW CAREER 2
TO IMPROVE YOUR BASIC READING, WRITING, OR MATH SKILLS 3
TO MEET A REQUIREMENT FOR A DIPLOMA, DEGREE, OR CERTIFICATE OF COMPLETION 4
A PERSONAL, FAMILY, OR SOCIAL REASON, ... 5
SOME OTHER MAIN REASON 91

CR1RSN2-
CR3RSN2/R

SPECIFY_____

If D2 = 1 (one credential program), then go to D7.
Else, ask D6 only for first program cycle.

D6. Did you have the same main reason for participating in your other program(s)?

•

YES 1
NO 2

If D6 = 1 (same main reason),
autocode D5 for each additional program.

D7. a. In the past 12 months, how many months were you enrolled in this program on a full-time basis?

CRTRMFT1-
CRTRMFT3

MONTHS . . . . . □□

b. How about on a part-time basis?

CRTRMPT1-
CRTRMPT3

MONTHS . . . . . □□

Ask D7c if D7a+D7b => 13 months. Else, go to D8.

c. Were you going to two or more different schools at the same time?

CRSCHLS1-
CRSCHLS3

YES 1
NO 2

D8. How many courses have you taken for your (CREDENTIAL) in (SUBJECT) in the past 12 months?

CR12NUM1-CR12NUM3 NUMBER . . . . . □□

If D7b = > 1 (more than one month on part-time basis), then ask D9. If D7a = 0 (only part-time), then autocode D9 = D8 and go to box before D10. Else, go to box before D10.

D9. How many of these (NUMBER FROM D8) courses did you take as a part-time student in the past 12 months?

CRPTNUM1-CRPTNUM3 (see note below) NUMBER . . . . . □□

If D7b = 0 (full-time only), then go to box before D12. Else, ask D10.

D10. Let's talk about courses you took as a part-time student in the past 12 months. What (was/were) the name(s) of the course(s) and what was the general subject matter for each course in (CREDENTIAL) in (SUBJECT)?

CR1CLS1-CR1CLS14/R	NAME_____	SUBJECT_____
CR2CLS1-CR2CLS14/R	NAME_____	SUBJECT_____
CR3CLS1-CR3CLS14/R	NAME_____	SUBJECT_____
CR1SUB1-CR1SUB14/R	NAME_____	SUBJECT_____
CR2SUB1-CR2SUB14/R		
CR3SUB1-CR3SUB14/R		

If D3 = 1 (vocational diploma or certificate program), then ask D11. Else, go to box before D12.

D11. How long does the vocational diploma or certificate program last?

CR1LENUM-CR3LENUM NUMBER . . . . . □□

CRLENUN1-CRLENUN3

Unit

HOURS 1
DAYS 2
WEEKS 3
MONTHS 4
YEARS 5

If full-time only, ask D12a.
If part-time only, ask D12b.
If full-time and part-time, ask D12a and D12b.

NOTE: In addition, the derived variables CRPTNEW1, CRPTNEW2 and CRPTNEW3 are counts of the number of entries at item D10. These variables appear in the derived variable section of the data file.

D12. a. (When you were attending full-time,) How many hours per week were you scheduled to attend school for your (CREDENTIAL) in (SUBJECT)?
[IF RESPONDENT REPORTS CREDIT HOURS: We are interested in the actual hours you scheduled rather than credit hours.]

CRFTHRS1-CRFTHRS3 HOURS PER WEEK FULL-TIME . . . . . ☐☐

b. (When you were attending part-time,) How many hours per week were you scheduled to attend school for your (CREDENTIAL) in (SUBJECT)?)
[IF RESPONDENT REPORTS CREDIT HOURS: We are interested in the actual hours you scheduled rather than credit hours.]

CRPTHRS1-CRPTHRS3 HOURS PER WEEK PART-TIME . . . . . ☐☐

D13. In the past 12 months, about how much of your own money would you estimate you paid for tuition, books, transportation, child care, and other expenses to take (CREDENTIAL) in (SUBJECT)?

CRTUITO1-CRTUITO3 AMOUNT . . . . . $☐☐,☐☐☐

D14. [DISPLAY PREVIOUS PROVIDER. ENTER PROVIDER NUMBER IF SAME PROVIDER.]
What school, organization, or business provided the instruction for your (CREDENTIAL) in (SUBJECT)?

CRPROVI1-CRPROVI3/R INSTRUCTIONAL PROVIDER_____

If provider is same and previously coded, copy information to D15, D15OV2, and, if A6 = 1 (worked in the past 12 months), to D16.

D15. [DISPLAY PROVIDER STRING]
Would that be...?
CR1PRTYP-CR3PRTYP [READ LIKELY ANSWER(S)]

SCHOOL	An elementary school, junior high school, or high school	1	(GO TO BOX BEFORE D16)
	A 2-year community or junior college	2	(GO TO D15OV)
	A public 2-year vocational school or technical institute	3	(GO TO D15OV)
	A 4-year college or university	4	(GO TO D15OV)
	A private vocational, trade, business, hospital, or flight school	5	(GO TO D15OV)
	An adult learning center	6	(GO TO BOX BEFORE D16)
BUS/ASSO	A business or industry	7	(GO TO BOX BEFORE D16)
	A professional association	8	(GO TO BOX BEFORE D16)
GOVMT	A federal, state, county, or local government agency	9	(GO TO BOX BEFORE D16)
	A public library	10	(GO TO BOX BEFORE D16)
PRIVATE	A private community organization	11	(GO TO BOX BEFORE D16)
	A church or religious organization	12	(GO TO BOX BEFORE D16)
	A tutor or private instructor	13	(GO TO BOX BEFORE D16)
OTHER	Some other organization	91	(GO TO BOX BEFORE D16)

CR1PRVOS-CR3PRVOS/R SPECIFY_____

D15OV. In what city and state is the school located?

CR1PRCTY-CR3PRCTY/R CITY_____
CR1PRVST-CR3PRVST/R STATE_____

If A6 NE 1 (not worked in the past 12 months), then go to D21.
If A7 = 1 and A8 NE 1 (self-employed only), then go to D21.

D16. Was that also your employer?

CR1PREMP-CR3PREMP
YES 1
NO 2

If D16 NE 1, go to D17.
If D15 = 2,3,4,5 and D16 = 1 (provider is educational institute and employer), ask D16OV.

D16OV. Was your employment an assistantship, a fellowship, or part of a work study program?

CR1ASSIS-CR3ASSIS
YES . . . . . 1 (GO TO D16OV2)
NO . . . . . 2 (GO TO BOX)

D16OV2. Are you currently receiving an assistantship, a fellowship, or work study support?

CRCURAS1-CRCURAS3
YES . . . . . 1 (GO TO D21)
NO . . . . . 2 (GO TO BOX)

If D16OV = 1, go to D21.
Else, if D16 = 1, autocode D17 = 1.

D17. (Not counting your self employment,) Was your employer aware that you were taking or took the (CREDENTIAL) in (SUBJECT)?

CRAWARE1-CRAWARE3
YES 1
NO 2

If D17 NE 1, then go to box after D18.

D18. Did your employer . . .

		YES	NO
CR1EMREQ-CR3EMREQ	a. Require you to take a (CREDENTIAL) in (SUBJECT)?	1	2
CR1EMPWP-CR3EMPWP	b. Give you time off from work with or without pay?	1	2
CR1EMSPA-CR3EMSPA	c. Provide classroom space?	1	2
CR1EMPAY-CR3EMPAY	d. Pay all or part of the cost, including tuition, books, and other costs like transportation?	1	2

If D16 NE 1 (no instruction) and no D18b-d = 1 (no support), go to D21.
If D16 = 1 (employer provided instruction) or any D18b-d = 1 (support for credential) and A9 = > 2 (more than one employer in the past 12 months), then go to D19.
If D16 = 1 (employer provided instruction) or any D18b-d = 1 (support for credential) and A9 = 1 (one employer in the past 12 months), then go to D20.

D19. [DISPLAY COMPANY THAT PROVIDED INSTRUCTION/SUPPORT IN PREVIOUS SECTION, IF ANY. ENTER COMPANY NUMBER IF SAME COMPANY.]
What was the name of the company that provided the support (including the instruction)?

CRPROVC1-CRPROVC3/R NAME OF COMPANY_____

D20. Did you receive any of this employer support because it was part of a union agreement?

CRUNION1-CRUNION3
YES 1
NO 2

Return to D3 for next listed program.
After last D3 program has been cycled through, go to D21.

D21. Did you participate in any other degree, diploma, or certificate programs during the past 12 months?

•
YES . . . . . 1 (BACK TO D3)
NO . . . . . 2 (GO TO E1)

E. APPRENTICESHIP

E1. During the past 12 months, were you in a formal apprenticeship program leading to journeyman status in a skilled trade or craft?

APPRENTI
YES . . . . . 1 (GO TO E1OV)
NO . . . . . 2 (GO TO F1)

For Participants

E1OV. Are you still in that program?

APSTILL
YES 1
NO 2

E2. In what trade or craft (are you an/did you) apprentice?

APTRADE/R
SPECIFY_____

E3. Did you have to take an admission test to get into the program?

APTEST
YES 1
NO 2

E4. Who sponsors the program? Is it...

			YES	NO
APEMPLOY	a.	An employer?	1	2
APUNION	b.	A labor union?	1	2
APSTAGOV	c.	The local or state government?	1	2
APFEDGOV	d.	The federal government?	1	2
APOTHER	e.	Anyone else?	1	2
APOTHEOS/R		Who was that?_____		

E5. How long does the whole apprenticeship program last?

APLENNUM
NUMBER . . . . . ☐☐

APLENUNT
Unit
WEEKS 1
MONTHS 2
YEARS 3

E6. How many hours per week are scheduled for on-the-job training?

APOJTHRS
NUMBER . . . . . ☐☐

E7. How many hours per week of formal classroom instruction are scheduled?

APOTHHRS
NUMBER . . . . . ☐☐

F. Career or Job Related Activities

F1. Now, I'd like to ask about courses related to a job or career, whether or not you had a job when you took the courses. (Please don't include courses you already told me about.) Some examples are courses taken at your job, courses taken somewhere else that relate to your job or a new career, or courses for a license or certification you need for your job. Have you taken any of these in the past 12 months?

WRACTY
YES . . . . . 1 (GO TO F2)
NO . . . . . 2 (GO TO F18)

For Participants

F2. (Not counting courses you took for a credential program,) how many career or job related courses did you take during the past 12 months?

*(see note below) NUMBER . . . . . □□

WRCOURSE. Now, I'm going to ask about the name(s) and general subject matter of the course(s) you took. By general subject matter we mean the broad topic area, such as business management, computer software, auto mechanics, and so on.

F3. What was the course name(s) and what was the general subject matter for (this/each) course?

WRNAME1- NAME_____ SUBJECT_____
WRNAME6/R NAME_____ SUBJECT_____
WRSUBJ1- NAME_____ SUBJECT_____
WRSUBJ6/R NAME_____ SUBJECT_____

For Each Selected Course

Ask F4 - F16 for each course mentioned.
For second course on, if F5 = 1,
then go to box after F5.

F4. (Rather than asking you to tell us about all these courses, the computer has selected some of them automatically.) Let's start with (COURSE NAME). What was the main reason you took part in (COURSE NAME)?
[PROBE: READ LIKELY ANSWER(S)]

WRREASO1-
WRREASO6
TO IMPROVE, ADVANCE, OR KEEP UP TO DATE ON CURRENT JOB 1
TO TRAIN FOR A NEW JOB OR A NEW CAREER 2
TO IMPROVE YOUR BASIC READING, WRITING, OR MATH SKILLS 3
TO MEET A REQUIREMENT FOR A DIPLOMA, DEGREE, OR CERTIFICATE OF COMPLETION 4
A PERSONAL, FAMILY, OR SOCIAL REASON 5
WR1RSN2-
WR6RSN2/R
SOME OTHER MAIN REASON 91
SPECIFY_____

NOTE: Respondents' answers to item F2 do not exist on the data file. Instead, a derived variable called WRNEW is included on the file which is a count of the number of career- or job-related courses reported at item F3. WRNEW appears in the derived variable section of the data file.

If F2 = 1 (one career or job related course), then go to F6
Else, ask F5 only for first course cycle.

F5. Did you have the same main reason for participating in your other career or job related course(s)?

*
YES 1
NO 2

If F5 = 1, autocode F4 for each additional course.

F6. In the past 12 months, how many weeks did you attend?
[DO NOT ROUND - USE DECIMAL IF NEEDED]

WRWHEN1-WRWHEN6 NUMBER . . . . . □□

WRWHNUN1-WRWHNUN6 Unit

DAYS	1	(GO TO F7)
WEEKS	2	(GO TO F7)
MONTHS	3	(GO TO F7)
SEMESTER	4	(GO TO F7)
QUARTER	5	(GO TO F7)
OTHER	91	(GO TO F6OV)

WR1WHNOS-WR6WHNOS/R SPECIFY_____

F6OV. How many weeks was that?

WRWKS1-WRWKS6 WEEKS . . . . . □□

Collect Number; autocode unit.

F7. For about how many hours (per day/per week) did you attend?

WRHRS1-WRHRS6 NUMBER . . . . . □□

WRHRUNT1-WRHRUNT6 Unit

PER DAY	1
PER WEEK	2

F8. In the past 12 months, about how much of your own money would you estimate you paid for tuition, books, transportation, child care, and other expenses to take (COURSE NAME)?

WRTUITO1-WRTUITO6 AMOUNT . . . . . $□□,□□□

F9. [DISPLAY PREVIOUS PROVIDER, IF ANY. ENTER PROVIDER NUMBER IF SAME PROVIDER.]
What school, organization, or business provided the instruction for (COURSE NAME)?

WRPROVI1-WRPROVI6/R INSTRUCTIONAL PROVIDER_____

If provider is same and previously coded, copy information to F10, F100V, and, if A6 = 1 (worked in the past 12 months), to F11.

F10. [DISPLAY PROVIDER STRING]
Would that be...?

WR1PRTYP-WR6PRTYP [READ LIKELY ANSWER(S)]

SCHOOL	An elementary school, junior high school, or high school	1	(GO TO BOX AFTER F100V)
	A 2-year community or junior college	2	(GO TO F100V)
	A public 2-year vocational school or technical institute	3	(GO TO F100V)
	A 4-year college or university	4	(GO TO F100V)
	A private vocational, trade, business, hospital, or flight school	5	(GO TO F100V)
	An adult learning center	6	(GO TO BOX AFTER F100V)
BUS/ASSO	A business or industry	7	(GO TO BOX AFTER F100V)
	A professional association	8	(GO TO BOX AFTER F100V)
GOVMT	A federal, state, county, or local government agency	9	(GO TO BOX AFTER F100V)
	A public library	10	(GO TO BOX AFTER F100V)
	A private community organization	11	(GO TO BOX AFTER F100V)
	A church or religious organization	12	(GO TO BOX AFTER F100V)
	A tutor or private instructor	13	(GO TO BOX AFTER F100V)
OTHER	Some other organization	91	(GO TO BOX AFTER F100V)

WR1PRVOS-WR6PRVOS/R SPECIFY_____

F100V. In what city and state is the school located?

WR1PRCTY-WR6PRCTY/R CITY_____
WR1PRVST-WR6PRVST/R STATE_____

If A6 NE 1 (not worked in the past 12 months), then go to box before F17.
If A7 = 1 and A8 NE 1 (self-employed only) or A9 = 1 and D160V = 1 (work-study only), then go to F16.

F11. Was (DISPLAY PROVIDER STRING) also your employer?

WR1PREMP-WR6PREMP	YES	1
	NO	2

If F11 = 1, autocode F12 = 1.
If F11 NE 1, ask F12.

F12. ((Not counting your self-employment,)/(Not counting your assistantships, fellowships, or work-study,)) Was your employer aware that you were taking or took this course?

WRAWARE1-WRAWARE6	YES	1
	NO	2

If F12 NE 1, go to box after F13.

F13. Did your employer . . .

		YES	NO
WR1EMREQ-WR6EMREQ	a. Require you to take (COURSE NAME)?	1	2
WR1EMPWP-WR6EMPWP	b. Give you time off from work with or without pay?	1	2
WR1EMSPA-WR6EMSPA	c. Provide classroom space?	1	2
WR1EMPAY-WR6EMPAY	d. Pay all or part of the cost, including tuition, books, and other costs like transportation?	1	2

If F11 NE 1 and no F13b-d = 1 then go to F16.
If F11 = 1 (employer provided instruction) or any F13b-d = 1 (support for career or job related) and A9 = > 2 (more than one employer in the past 12 months), then autocode F14 = F9 and go to F15.
If F11 = 1 (employer provided instruction) or any F13b-d = 1 (support for career or job related) and A9 = 1 (one employer), then go to F15.
If F11 = 1, then copy F9 to F14. Do not ask F14.

F14. [DISPLAY COMPANY THAT PROVIDED INSTRUCTION/SUPPORT IN PREVIOUS SECTION, IF ANY. ENTER COMPANY NUMBER IF SAME COMPANY.]
What was the name of the company that provided the support for this course (including the instruction)?

WRPROVC1-WRPROVC6/R NAME OF COMPANY_____

F15. Did you receive any employer support for this course because it was part of a union agreement?

WRUNION1-WRUNION6
YES 1
NO 2

F16. If you had it to do again, would you take this course?

WRAGAIN1-WRAGAIN6
YES 1
NO 2

Return to box before F4 for next listed course.
After last F4 course has been cycled through, ask F17.

F17. Did you participate in any other formal courses for your job or career during the past 12 months?

*
YES . . . . . 1 (MODIFY F3, BACK TO F4)
NO . . . . . 2 (GO TO G1)

BEST COPY AVAILABLE

For Non-Participants

F18. In the past 12 months, did you have an interest in taking any career or job related courses?

WRINTRST
- YES . . . . . 1 (GO TO F19)
- NO . . . . . 2 (GO TO BOX BEFORE F25)

F19. Would you say you were very interested, somewhat interested, or slightly interested in taking career or job related courses?

WRHOWINT
- VERY INTERESTED 1
- SOMEWHAT INTERESTED 2
- SLIGHTLY INTERESTED 3

F20. Of the career or job related courses that you were interested in, did you know of any courses you could have taken in the past 12 months?

WRKNOW
- YES . . . . . 1 (GO TO F21)
- NO . . . . . 2 (GO TO BOX BEFORE F25)

If NUMKID10 = 0, do not display F21c.

F21. Now, I'm going to read a short list of things that may have prevented you from taking career or job related courses. For each one, please tell me if it was a major obstacle, a minor obstacle, or not an obstacle. How about...
[PROBE: Was that a major, minor, or not an obstacle?]
[IF RESPONDENTS ANSWER "NO" IN F21e, ENTER "3" AND GO TO BOX BEFORE F25.
ELSE, PROBE: Was that a major or minor obstacle? THEN, COLLECT VERBATIM RESPONSE.]

			MA	MI	NOT
WRPRTIME	a.	Time	1	2	3
WRPRCOST	b.	Money or cost	1	2	3
WRPRCHIL	c.	Child care	1	2	3
WRPRTRAN	d.	Transportation	1	2	3
WRPROTH	e.	Was there any other obstacle?	1	2	3
WRPROTOS/R		What was that?_____			

WRPROTHC
- *PERSONAL/FAMILY PROBLEM* 1
- *HEALTH PROBLEM* 2
- *DISTANCE/LOCATION* 3
- *AGE* 4
- *MOTIVATION* 5
- *AVAILABILITY OF COURSES* 6
- *QUALIFICATION/REQUIREMENTS* 7
- *WORK* 8
- *OTHER* 9

If only one major in F21,
autocode F22 = F21 major.
Else, display categories rated major in F21.
If only one minor and no major in F21,
autocode F22 = F21 minor.
Else, display categories rated minor in F21.
If no major and no minor in F21, go to box before F25.

F22. [DISPLAY RESPONSES IN F21]
Of the reasons you said were (major/minor) obstacles, what was the main thing that prevented you from taking career or job related courses?

WRPRGEN

TIME	1	(GO TO F23A)
MONEY OR COST	2	(GO TO F23A)
CHILD CARE	3	(GO TO F23A)
TRANSPORTATION	4	(GO TO F23A)
(RESPONSE IN F21e)	5	(GO TO BOX BEFORE F25)

If A6 NE 1 (not worked in the past 12 months),
do not display F23Ac and F23Ad.
If NUMKID10 = 0, do not display F23Bc.
If F23Ag, F23Be, F23Cc, F23Dd = 1 or 2,
collect verbatim responses.

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F23. [DISPLAY LIST ASSOCIATED WITH MAIN OBSTACLE IN F22]
Now, I'm going to read a short list of (time/money or cost/child care/transportation) related problems that may have prevented you from taking career or job related courses. For each statement, please tell me if it was a major obstacle, a minor obstacle, or not an obstacle for you. How about...
[PROBE: Was that a major, minor, or not an obstacle?]
[IF RESPONDENTS ANSWER "NO" IN F23Ag, F23Be, F23Cc, F23Dd, ENTER "3" AND GO TO BOX BEFORE F25.
ELSE, PROBE: Was that a major or minor obstacle? THEN, COLLECT VERBATIM RESPONSE.]

		MA	MI	NOT
	A. TIME			
WRTIFAM	a. A desire to spend time with your family.	1	2	3
WRTICHOR	b. A need to take care of family duties or chores around the house	1	2	3
WRTICLHR	c. Being unable to take courses offered only during work hours	1	2	3
WRTIWORK	d. Work responsibilities that do not permit you to take courses either during or after work hours	1	2	3
WRTIACTI	e. Activities outside of work that conflict with course schedule	1	2	3
WRTITRAV	f. The travel time to and from courses	1	2	3
WRTIOTH	g. Another time related problem	1	2	3
WRSPOTOS/R	What was that?_____			
	B. MONEY OR COST			
WRMOTUIT	a. The amount of tuition and fees for courses ..	1	2	3
WRMOBOOK	b. The cost of books and supplies for courses ...	1	2	3
WRMOCHIL	c. The cost of child care.	1	2	3
WRMOTRAN	d. The cost of transportation.	1	2	3
WRMOOTH	e. Another money or cost related problem	1	2	3
WRSPOTOS/R	What was that?_____			
	C. CHILD CARE			
WRCHCOST	a. The cost of child care.	1	2	3
WRCHAVAL	b. The availability of child care.	1	2	3
WRCHOTH	c. Another problem with child care	1	2	3
WRSPOTOS/R	What was that?_____			
	D. TRANSPORTATION			
WRTRCOST	a. The cost of transportation.	1	2	3
WRTRAVAL	b. The availability of transportation.	1	2	3
WRTRTIME	c. The travel time to and from courses	1	2	3
WRTROTH	d. Another problem with transportation	1	2	3
WRSPOTOS/R	What was that?_____			

If only one major in F23, autocode F24 = F23 major.
Else, display only categories rated major in F23.
If only one minor and no major in F23,
autocode F24 = F23 minor.
Else, display only categories rated minor in F23.
If no major and no minor in F23,
go to box before F25.

F24. [DISPLAY CATEGORIES IN F23)
Among the (time/money or cost/transportation/child care) related problems you indicated as (major/minor) obstacles, what was the most important obstacle?

WRPRSPEC [IF NECESSARY, USE DISPLAY AS PROBES]

A. TIME
- A DESIRE TO SPEND TIME WITH YOUR FAMILY 1
- A NEED TO TAKE CARE OF FAMILY DUTIES OR CHORES AROUND THE HOUSE 2
- BEING UNABLE TO TAKE COURSES OFFERED ONLY DURING WORK HOURS 3
- WORK RESPONSIBILITIES THAT DO NOT PERMIT YOU TO TAKE COURSES EITHER DURING OR AFTER WORK HOURS 4
- ACTIVITIES OUTSIDE OF WORK THAT CONFLICT WITH COURSE SCHEDULE 5
- THE TRAVEL TIME TO AND FROM COURSES 6
- (VERBATIM RESPONSE IN F23Ag) 7

B. MONEY OR COST
- THE AMOUNT OF TUITION AND FEES FOR COURSES 8
- THE COST OF BOOKS AND SUPPLIES FOR COURSES 9
- THE COST OF CHILD CARE 10
- THE COST OF TRANSPORTATION 11
- (VERBATIM RESPONSE IN F23Be) 12

C. CHILD CARE
- THE COST OF CHILD CARE 13
- THE AVAILABILITY OF CHILD CARE 14
- (VERBATIM RESPONSE IN F23Cc) 15

D. TRANSPORTATION
- THE COST OF TRANSPORTATION 16
- THE AVAILABILITY OF TRANSPORTATION 17
- THE TRAVEL TIME TO AND FROM COURSES 18
- (VERBATIM RESPONSE IN F23Dd) 19

If A6 = 1 (worked in the past 12 months) and (A7 NE 1 or A9 = 1) (not self-employed only), then ask F25. Else, go to G1.

F25. Did your employer offer any career or job related courses?

WREMPOFF
- YES 1
- NO 2

G. Other Formal Structured Activities

G1. Now, I am going to ask about any other courses where there was an instructor. (Please don't repeat any courses (and programs) you have already told us about.) These might include things like arts and crafts, sports or recreation, first aid or childbirth, Bible study, or any other types of courses we haven't talked about yet. Did you take any of these or other courses in the past 12 months?

SAACTY
YES . . . . . 1 (GO TO G2)
NO . . . . . 2 (GO TO BOX BEFORE H1)

For Participants

G2. Altogether, how many of these courses did you take during the past 12 months?

*(see note below) NUMBER . . . . . □□

SACOURSE. Now, I'm going to ask about the name(s) and general subject matter of the course(s) you took. By general subject matter we mean the broad topic area, such as health, arts and crafts, sports, and so on.

G3. What was the course name(s) and what was the general subject matter for (this/each) course?

SANAME1-
SANAME3/R NAME_____ SUBJECT_____
SASUBJ1-
SASUBJ3/R NAME_____ SUBJECT_____

For Each Selected Course

G4. (Rather than asking you to tell us about all these courses, the computer has selected some of them automatically.) Let's start with (COURSE NAME). What was the main reason you took part in (COURSE NAME)?
[PROBE: READ LIKELY ANSWER(S)]

SAREASO1-
SAREASO3
TO IMPROVE, ADVANCE, OR KEEP UP TO DATE ON CURRENT JOB 1
TO TRAIN FOR A NEW JOB OR A NEW CAREER 2
TO IMPROVE YOUR BASIC READING, WRITING, OR MATH SKILLS 3
TO MEET A REQUIREMENT FOR A DIPLOMA, DEGREE, OR CERTIFICATE OF COMPLETION 4
A PERSONAL, FAMILY, OR SOCIAL REASON 5
SA1RSN2-
SA3RSN2/R SOME OTHER MAIN REASON 91
SPECIFY_____

NOTE: Respondents' answers to item G2 do not exist on the data file. Instead, a derived variable called SANEW is included on the file which is a count of the number of other formal structured courses reported at item G3. SANEW appears in the derived variable section of the data file.

G5. Did you have the same main reason for participating in the other course(s)?

*

YES 1
NO 2

If G5 = 1, autocode G4 for each additional course.

G6. [DISPLAY PREVIOUS PROVIDERS, IF ANY. ENTER PROVIDER NUMBER IF SAME PROVIDER.]
What school, organization, or business provided the instruction for (COURSE NAME)?

SAPROVI1-SAPROVI3/R INSTRUCTIONAL PROVIDER_____

If provider is same and previously coded, copy information to G7, G7OV and, if A6 = 1 (worked in the past 12 months), to G8.

G7. [DISPLAY PROVIDER STRING]
Would that be...?
SA1PRTYP-SA3PRTYP [READ LIKELY ANSWER(S)]

SCHOOL	An elementary school, junior high school, or high school	1	(GO TO BOX AFTER G7OV)
	A 2-year community or junior college	2	(GO TO G7OV)
	A public 2-year vocational school or technical institute	3	(GO TO G7OV)
	A 4-year college or university	4	(GO TO G7OV)
	A private vocational, trade, business, hospital, or flight school	5	(GO TO G7OV)
	An adult learning center	6	(GO TO BOX AFTER G7OV)
BUS/ASSO	A business or industry	7	(GO TO BOX AFTER G7OV)
	A professional association	8	(GO TO BOX AFTER G7OV)
GOVMT	A federal, state, county, or local government agency	9	(GO TO BOX AFTER G7OV)
	A public library	10	(GO TO BOX AFTER G7OV)
PRIVATE	A private community organization	11	(GO TO BOX AFTER G7OV)
	A church or religious organization	12	(GO TO BOX AFTER G7OV)
	A tutor or private instructor	13	(GO TO BOX AFTER G7OV)
OTHER	Some other organization	91	(GO TO BOX AFTER G7OV)

SA1PRVOS-SA3PRVOS/R SPECIFY_____

G7OV. In what city and state is the school located?

SA1PRCTY-SA3PRCTY/R CITY_____
SA1PRVST-SA3PRVST/R STATE_____

If A6 NE 1 (not worked in the past 12 months), then go to G9.
If A7 = 1 and A8 NE 1 (self-employed only) or A9 = 1 and D16OV = 1 (work-study only), go to G9.

G8. Was that also your employer?

SA1PREMP-SA3PREMP
YES 1
NO 2

G9. In the past 12 months, about how much of your own money would you estimate you paid for tuition, books, transportation, child care, and other expenses to take (COURSE NAME)?

SATUITO1-SATUITO3
AMOUNT . . . . . $□□,□□□

G10. In the past 12 months, how many weeks did you attend (COURSE NAME)? [DO NOT ROUND - USE DECIMAL IF NEEDED]

SAWHEN1-SAWHEN3
NUMBER . . . . . □□

SAWHNUN1-SAWHNUN3
Unit

DAYS	1	(GO TO G11)
WEEKS	2	(GO TO G11)
MONTHS	3	(GO TO G11)
SEMESTER	4	(GO TO G11)
QUARTER	5	(GO TO G11)
SA1WHNOS-SA3WHNOS/R OTHER	91	(GO TO G10OV)

SPECIFY_____

G10OV. How many weeks was that?

SAWKS1-SAWKS3
WEEKS . . . . . □□

Collect number; autocode unit.

G11. For about how many hours (per day/per week) did you attend?

SAHRS1-SAHRS3
NUMBER . . . . . □□

SAHRUNT1-SAHRUNT3
Unit
PER DAY 1
PER WEEK 2

After last G3 course has been cycled through, ask G12.

G12. Did you participate in any other courses with an instructor during the past 12 months?

YES	1	(MODIFY G3, BACK TO G4)
NO	2	(GO TO BOX)

If A6 NE 1 (not worked in the past 12 months), go to box before H1.
If A7 = 1 and A8 NE 1 (self-employed only) or A9 = 1 and D16OV = 1 (work-study only), go to box before H1.

G13. ((Not counting your self-employment,)/(Not counting your assistantships, fellowships, or work-study,)) Did your employer provide any support to take (this course/any of the courses)?

SAEMPSUP
SAEMSUP1-SAEMSUP3/R

YES . . . . . 1 (GO TO G14)
NO . . . . . 2 (GO TO BOX BEFORE I1)

G14. Did you receive any employer support to take (this course/any of the courses) because it was part of a union agreement?

SAUNION
SAUNION1-SAUNION3/R

YES 1
NO 2

H. Computer-only or Interactive Video-only Instruction on the Job

If A6 NE 1 (not worked in the past 12 months), then go to I1.

H1. At your job during the past 12 months, did you learn to do any specific tasks for your job using computer-based or interactive video instruction, where you worked only with a computer or interactive video without an instructor present?

CVONLY

COMPUTER INSTRUCTION	1	(GO TO H2)
INTERACTIVE VIDEO INSTRUCTION	2	(GO TO H2)
BOTH	3	(GO TO H2)
NONE	4	(GO TO I1)

For Participants

H2. Altogether, how many of these computer or video activities did you do during the past 12 months?

CVNUM NUMBER ☐☐

H3. (On average,) How many hours did you spend on (each/that) computer or video activity?

CVHRS NUMBER ☐☐

I. REMAINING BACKGROUND

DEMOGRAPHIC AND RELATED CHARACTERISTICS

I1. Now, I would like to ask you some additional background questions. In what month and year were you born?

ADOBMM MONTH ☐☐ YEAR ☐☐
ADOBYY

1	JANUARY	7	JULY
2	FEBRUARY	8	AUGUST
3	MARCH	9	SEPTEMBER
4	APRIL	10	OCTOBER
5	MAY	11	NOVEMBER
6	JUNE	12	DECEMBER

I2. Are you....

ARACE
White, ... 1
Black, ... 2
American Indian or Alaska Native, ... 3
Asian or Pacific Islander, or 4
Another race? 91
ARACEOS/R What is that?_____

I3. Are you of Hispanic origin?

AHISPANI
YES 1
NO 2

I4. What is your marital status?

AMARSTAT
MARRIED/REMARRIED 1
SEPARATED 2
DIVORCED 3
WIDOWED 4
NEVER MARRIED 5

I5. In what country were you born?

BORNUS
UNITED STATES (50 STATES OR D.C.) . . . . . 1 (GO TO I8)
U.S. TERRITORIES: PUERTO RICO, GUAM, AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS, OR SOLOMON ISLANDS . . . . . 2 (GO TO I6)
BORNUOS1/R SPECIFY_____
SOME OTHER COUNTRY . . . . . 3 (GO TO I6)
BORNUOS2/R SPECIFY_____

I6. How old were you when you first moved to the (United States/50 states or the District of Columbia)?

MOVEAGE AGE . . . . . ☐☐

If I5 = 2, then go to I8.

I7. Are you a United States citizen?

CITIZEN
YES . . . . . 1 (GO TO I8)
NO . . . . . 2 (GO TO I10)

I8. Did you ever serve in the U.S. Armed Forces on active duty? This does not include the National Guard or Reserves.

MILITARY
YES . . . . . 1 (GO TO I9)
NO . . . . . 2 (GO TO I10)

I9. What year were you discharged from active duty?

MILIDISC
YEAR . . . . . □□

I10. Do you have any certification or licensure for a job you have now?

IBCERNOW
YES . . . . . 1 (GO TO I11)
NO . . . . . 2 (GO TO I12)

I11. What is that?

IBCERNOS/R
SPECIFY_____

I12. Do you have any (other) certification or licensure to practice a trade or profession?

IBCERT
YES . . . . . 1 (GO TO I13)
NO . . . . . 2 (GO TO I14)

I13. What is that called?

IBCERTOS/R
SPECIFY_____

I14. Does your occupation have legal or professional requirements for continuing training or education?

REQUIRMN
YES 1
NO 2

CURRENT LABOR FORCE STATUS

If A9 = 1 and D160V = 1 (currently receiving work-study), go to WRINTRO. If A6 = 2 (not worked in the past 12 months), autocode I15 = 2 and I16 = 2, then ask I17.

I15. Now, I would like to ask about your work experience. (Not counting assistantships, fellowships, or work-study,) During the past week, did you work at a job for pay or income?

IBWORK
YES . . . . . 1 (GO TO BOX BEFORE I23)
NO . . . . . 2 (GO TO I16)
RETIRED . . . . . 3 (GO TO I22)

I16. Were you on leave or vacation from a job during the past week?

IBLEAVE	YES	1	(GO TO BOX BEFORE I23)
	NO	2	(GO TO I17)

I17. Have you been actively looking for work in the past 4 weeks?

JOBLOOK	YES	1	(GO TO I18)
	NO	2	(GO TO I19)

I18. What have you been doing in the past 4 weeks to find work?
[CODE ALL THAT APPLY]

JOBPUBL	CHECKED WITH PUBLIC EMPLOYMENT AGENCY	1	(GO TO I20)
JOBPRIV	CHECKED WITH PRIVATE EMPLOYMENT AGENCY	1	(GO TO I20)
JOBEMPL	CHECKED WITH EMPLOYER DIRECTLY/SENT RESUME	1	(GO TO I20)
JOBREL	CHECKED WITH FRIENDS OR RELATIVES	1	(GO TO I20)
JOBANSAD	PLACED OR ANSWERED ADS/SENT RESUME	1	(GO TO I20)
JOBREAD	READ WANT ADS	1	(GO TO I19)
JOBOTHER	SOMETHING ELSE	1	(GO TO I19)
JOBOTHOS/R	What was that?_____		

I19. What were you doing most of last week? Would you say...

JOBACTY	Keeping house or caring for children,	1
	Going to school,	2
	Retired,	3
	Unable to work, or	4
	Something else?	91
JOBACTOS/R	What was that?_____	

If I19 = 3 (Retired), go to I22.
Else if I18 = 91 (Did something else), go to I20.
Else, go to box after I20.

I20. Could you have taken a job last week if one had been offered?

JOBTAKE	YES	1
	NO	2

If A6 = 1 (employed in the past 12 months), then go to box before I23.

WORK EXPERIENCE IN THE PAST

WRINTRO. Now, a few questions about your work experience in the past. (Please do not include your assistantships, fellowships, or work-study program.)

I21. Have you ever worked at a job for pay or income?

JOBEVER
YES . . . . . 1 (GO TO I22)
NO . . . . . 2 (GO TO BOX BEFORE I36)

I22. In what year did you leave your last job?

LEAVEYY
YEAR . . . . . 19□□

If A9 = 1 and D160V = 1 (work-study only), go to box before I36.
If I22 < 91 (left job in 1990 or earlier), go to box before I36. Else, ask I23.

I23. (For about how long <u>all together</u> (have/did) you work(ed) for your (current/most recent) employer (THE ONE WHERE YOU EARN(ED) THE MOST INCOME)?) (How long have you been self-employed?)

WORKNUM
NUMBER . . . . . □□

WORKUNT
<u>Unit</u>
WEEKS 1
MONTHS 2
YEARS 3

WORK EXPERIENCE IN THE PAST 12 MONTHS

If A6 NE 1, autocode I24 = 0 and go to box before I36.

I24. How many months have you worked for pay or income in the past 12 months?

IBWORKMO
MONTHS . . . . . □□

If I24 = 12, then go to box before I26.

I25. At any time during the past 12 months, have you been unemployed and looking for work for as long as a month?

UNEMLOOK
YES 1
NO 2

CHARACTERISTICS OF CURRENT EMPLOYMENT

If I15 NE 1 (not worked in the past week) and I16 NE 1 (not on leave or vacation), go to I30. Else, ask I26.

I26. Were you working at more than one job for pay or income at the same time <u>in the past week</u>?
[IF ON VACATION OR LEAVE, ASK ABOUT LAST WEEK WORKED.]

JOBMORE
YES 1
NO 2

I27. About how many total hours per week do you usually work for pay or income (counting all jobs)?
[IF HOURS VARY, PROBE FOR AVERAGE PER WEEK.]

PAYHRS WEEKLY HOURS . . . . . □□

Ask I28 except if A7 = 1 and A8 NE 1 (self-employed only) and go to I30. Else, ask I29 if A7 = 1 and A8 NE 1 (self-employed only).

I28. Are you eligible for the following benefits through (any of) your current job(s)?

			YES	NO
MEDICAL	a.	Medical or hospital insurance?	1	2
SICKPAY	b.	Sick leave with full pay?	1	2
VACATPAY	c.	Vacation with full pay?	1	2
RETIRMNT	d.	Pension plan or retirement program?	1	2

I29. Do you have the following benefits as a part of your business of being self-employed?

			YES	NO
MEDICAL	a.	Medical or hospital insurance?	1	2
RETIRMNT	b.	Pension plan or retirement program?	1	2

CHARACTERISTICS OF CURRENT OR PAST EMPLOYMENT

I30. (Counting all jobs,) About how much (do/did) you earn before taxes and other deductions (when you last worked)?

EARNAMT AMOUNT . . . . . $□□□,□□□.□□

<u>Per</u>

EARNUNT
HOUR 1
DAY 2
WEEK 3
BI WEEKLY 4
MONTH 5
YEAR 6
EARNUNOS/R OTHER 91
What (is/was) that?_____

Ask I31a or (I31b and I31c) and I32 for all current employers or most recent employer if not employed now. Ask I31a or (I31b and I31c) and I32 for each reported company which provided instruction or support. If A9 = 1 (one employer in the past 12 months), display I31a. Else, display I31b and I31c. If D16OV = 1 and A9 = 1 (only work study), go to box before I36.

I31. a. (Where (do/did) you work (when you were last employed) and what kind of business or industry (is/was) that?) (What (is/was) the name of your company and what kind of business or industry (is/was) that?)
[EMPLOYER PROBE: Name of the company, business, organization, or other employer.]
[BUSINESS/INDUSTRY PROBE: For example, TV and radio manufacturing, retail shoe store, state labor department, or farm.]

EMPLNAM1-EMPLNAM5/R NAME OF COMPANY_____
INDUSTR1-INDUSTR5/R TYPE OF INDUSTRY_____

b. [DISPLAY ALL COMPANIES CODED EARLIER]
For whom (do/did) you work (when you were last employed)?
[PROBE: Name of the company, business, organization, or other employer.]

EMPLNAM1-EMPLNAM5/R NAME OF COMPANY_____

c. Now, let's talk about (COMPANY NAME). What kind of business or industry (is/was) that?
[PROBE: For example, TV and radio manufacturing, retail shoe store, state labor department, or farm.]

INDUSTR1-INDUSTR5/R NAME OF INDUSTRY_____

I32. What (is/was) your job title and what (are/were) your most important duties?
[JOB PROBE: For example, electrical engineer, stock clerk, typist, or farmer]
[IMPORTANT DUTY PROBE: For example, typing, keeping account book, filing, selling cars, operating printing press, and finishing concrete.]

PROFESS1-PROFESS5/R JOB TITLE_____
DUTIES1-DUTIES5/R IMPORTANT DUTY_____

Return to box before I31 for next listed company. After last company has been cycled through, ask I33. If A7 = 1 and A8 NE 1 (self-employed only), then to box before I36.

I33. Are you currently a member of a labor union or of a labor organization?

LABUNION
YES . . . . . 1 (GO TO I34)
NO . . . . . 2 (GO TO BOX BEFORE I35)

I34. Are you currently covered by a union contract?

UNIONCON

YES 1
NO 2

If currently employed, ask I35.
Else, go to box after I35.

I35. Thinking about the next 12 months, how likely do you think it is that you will lose your job or be laid off? Would you say...

LAIDOFF

Very likely, ... 1
Fairly likely, ... 2
Not too likely, or 3
Not at all likely? 4

LANGUAGE SKILLS

Ask I36 if A11 NE 1 (main language was not English).
Else, ask J1.

I36. Now, a couple of questions about your language skills. How well do you read English? Would you say...

READENGL

Very well, ... 1
Well, ... 2
Not well, or 3
Not at all? 4

I37. How well do you write English? Would you say . . .

WRITENGL

Very well, ... 1
Well, ... 2
Not well, or 3
Not at all? 4

J. HOUSEHOLD CHARACTERISTICS

HHINTRO. Finally, a few questions about your household.

J1. Do you...

HOWNHOME
- Own your home, ... 1
- Rent your home, or 2
- Have some other arrangement? 3

J2. Besides (PHONE NUMBER), do you have other telephone numbers in your household?

HOTHNUM
- YES . . . . . 1 (GO TO J3)
- NO . . . . . 2 (GO TO J4)

J3. How many of these additional telephone numbers are for home use?

HNUMUSE
- NUMBER . . . . . ☐☐

J4. During the past 12 months, has your household ever been without telephone service for more than 24 hours?

HPHONSVC
- YES . . . . . 1 (GO TO J5)
- NO . . . . . 2 (GO TO J6)

J5. What was the total amount of time your household was without telephone service in the past 12 months?

HSVCNUM
- NUMBER . . . . . ☐☐

HSVCUNIT
- DAYS 1
- WEEKS 2
- MONTHS 3

J6. So that we can group households geographically, may I have your ZIP code?

STFZIP/R
- ZIP CODE . . . . . ☐☐☐☐☐

Ask J7 if NUMKID10 > 0 (number of children age 10 or younger). Else, go to J8.

J7. In the past 12 months, has your family received funds or services from any of the following programs? How about...

			YES	NO
HWIC	a.	Women, Infants, and Children, or WIC?	1	2
HFOODST	b.	Food Stamps?	1	2
HAFDC	c.	AFDC, or Aid to Families with Dependent Children?	1	2

J8. In studies like this, households are sometimes grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members?

Was it....

HINCMRNG

$25,000 or less, or	1	(READ SET 1)
More than $25,000?	2	(READ SET 2)

Was it...

HINCOME

[SET 1]

$5,000 or less	1
$5,001 to $10,000	2
$10,001 to $15,000	3
$15,001 to $20,000, or	4
$20,001 to $25,000?	5

[SET 2]

$25,001 to $30,000	6
$30,001 to $35,000	7
$35,001 to $40,000	8
$40,001 to $50,000	9
$50,001 to $75,000, or	10
Over $75,000?	11

Ask J8OV if
(Number in HH = 2 and HINCOME = 2) or
(Number in HH = 3 and HINCOME = 3) or
(Number in HH = 4 and HINCOME = 3) or
(Number in HH = 5 and HINCOME = 4) or
(Number in HH = 6 and HINCOME = 4) or
(Number in HH = 7 and HINCOME = 5) or
(Number in HH = 8 and HINCOME = 5) or
(Number in HH = 9 and HINCOME = 6) or
(Number in HH = 10 and HINCOME = 6) or
(Number in HH = 11 and HINCOME = 7) or
(Number in HH = 12 and HINCOME = 7).

J8OV. What was your household income last year, to the nearest thousand?

HINCMEXT

INCOME ..... $□□,□□□

CLOSE. Those are all the questions I have about you. Please hold on for a moment while I check to see if there is anyone else I need to ask about, [or anyone else I need to speak with].

Listing of NCES Working Papers to Date

Please contact Ruth R. Harris at (202) 219-1831
if you are interested in any of the following papers

Number	Title	Contact
94-01 (July)	Schools and Staffing Survey (SASS) Papers Presented at Meetings of the American Statistical Association	Dan Kasprzyk
94-02 (July)	Generalized Variance Estimate for Schools and Staffing Survey (SASS)	Dan Kasprzyk
94-03 (July)	1991 Schools and Staffing Survey (SASS) Reinterview Response Variance Report	Dan Kasprzyk
94-04 (July)	The Accuracy of Teachers' Self-reports on their Postsecondary Education: Teacher Transcript Study, Schools and Staffing Survey	Dan Kasprzyk
94-05 (July)	Cost-of-Education Differentials Across the States	William Fowler
94-06 (July)	Six Papers on Teachers from the 1990-91 Schools and Staffing Survey and Other Related Surveys	Dan Kasprzyk
94-07 (Nov.)	Data Comparability and Public Policy: New Interest in Public Library Data Papers Presented at Meetings of the American Statistical Association	Carrol Kindel
95-01 (Jan.)	Schools and Staffing Survey: 1994 Papers Presented at the 1994 Meeting of the American Statistical Association	Dan Kasprzyk
95-02 (Jan.)	QED Estimates of the 1990-91 Schools and Staffing Survey: Deriving and Comparing QED School Estimates with CCD Estimates	Dan Kasprzyk
95-03 (Jan.)	Schools and Staffing Survey: 1990-91 SASS Cross-Questionnaire Analysis	Dan Kasprzyk
95-04 (Jan.)	National Education Longitudinal Study of 1988: Second Follow-up Questionnaire Content Areas and Research Issues	Jeffrey Owings
95-05 (Jan.)	National Education Longitudinal Study of 1988: Conducting Trend Analyses of NLS-72, HS&B, and NELS:88 Seniors	Jeffrey Owings

Listing of NCES Working Papers to Date--Continued

Number	Title	Contact
95-06 (Jan.)	National Education Longitudinal Study of 1988: Conducting Cross-Cohort Comparisons Using HS&B, NAEP, and NELS:88 Academic Transcript Data	Jeffrey Owings
95-07 (Jan.)	National Education Longitudinal Study of 1988: Conducting Trend Analyses HS&B and NELS:88 Sophomore Cohort Dropouts	Jeffrey Owings
95-08 (Feb.)	CCD Adjustment to the 1990-91 SASS: A Comparison of Estimates	Dan Kasprzyk
95-09 (Feb.)	The Results of the 1993 Teacher List Validation Study (TLVS)	Dan Kasprzyk
95-10 (Feb.)	The Results of the 1991-92 Teacher Follow-up Survey (TFS) Reinterview and Extensive Reconciliation	Dan Kasprzyk
95-11 (Mar.)	Measuring Instruction, Curriculum Content, and Instructional Resources: The Status of Recent Work	Sharon Bobbitt & John Ralph
95-12 (Mar.)	Rural Education Data User's Guide	Samuel Peng
95-13 (Mar.)	Assessing Students with Disabilities and Limited English Proficiency	James Houser
95-14 (Mar.)	Empirical Evaluation of Social, Psychological, & Educational Construct Variables Used in NCES Surveys	Samuel Peng
95-15 (Apr.)	Classroom Instructional Processes: A Review of Existing Measurement Approaches and Their Applicability for the Teacher Follow-up Survey	Sharon Bobbitt
95-16 (Apr.)	Intersurvey Consistency in NCES Private School Surveys	Steven Kaufman
95-17 (May)	Estimates of Expenditures for Private K-12 Schools	Stephen Broughman
95-18 (Nov.)	An Agenda for Research on Teachers and Schools: Revisiting NCES' Schools and Staffing Survey	Dan Kasprzyk
96-01 (Jan.)	Methodological Issues in the Study of Teachers' Careers: Critical Features of a Truly Longitudinal Study	Dan Kasprzyk

Listing of NCES Working Papers to Date--Continued

Number	Title	Contact
96-02 (Feb.)	Schools and Staffing Survey (SASS): 1995 Selected papers presented at the 1995 Meeting of the American Statistical Association	Dan Kasprzyk
96-03 (Feb.)	National Education Longitudinal Study of 1988 (NELS:88) Research Framework and Issues	Jeffrey Owings
96-04 (Feb.)	Census Mapping Project/School District Data Book	Tai Phan
96-05 (Feb.)	Cognitive Research on the Teacher Listing Form for the Schools and Staffing Survey	Dan Kasprzyk
96-06 (Mar.)	The Schools and Staffing Survey (SASS) for 1998-99: Design Recommendations to Inform Broad Education Policy	Dan Kasprzyk
96-07 (Mar.)	Should SASS Measure Instructional Processes and Teacher Effectiveness?	Dan Kasprzyk
96-08 (Apr.)	How Accurate are Teacher Judgments of Students' Academic Performance?	Jerry West
96-09 (Apr.)	Making Data Relevant for Policy Discussions: Redesigning the School Administrator Questionnaire for the 1998-99 SASS	Dan Kasprzyk
96-10 (Apr.)	1998-99 Schools and Staffing Survey: Issues Related to Survey Depth	Dan Kasprzyk
96-11 (June)	Towards an Organizational Database on America's Schools: A Proposal for the Future of SASS, with comments on School Reform, Governance, and Finance	Dan Kasprzyk
96-12 (June)	Predictors of Retention, Transfer, and Attrition of Special and General Education Teachers: Data from the 1989 Teacher Followup Survey	Dan Kasprzyk
96-13 (June)	Estimation of Response Bias in the NHES:95 Adult Education Survey	Steven Kaufman
96-14 (June)	The 1995 National Household Education Survey: Reinterview Results for the Adult Education Component	Steven Kaufman
96-15 (June)	Nested Structures: District-Level Data in the Schools and Staffing Survey	Dan Kasprzyk

Listing of NCES Working Papers to Date--Continued

Number	Title	Contact
96-16 (June)	Strategies for Collecting Finance Data from Private Schools	Stephen Broughman
96-17 (July)	National Postsecondary Student Aid Study: 1996 Field Test Methodology Report	Andrew G. Malizio
96-18 (Aug.)	Assessment of Social Competence, Adaptive Behaviors, and Approaches to Learning with Young Children	Jerry West
96-19 (Oct.)	Assessment and Analysis of School-Level Expenditures	William Fowler
96-20 (Oct.)	1991 National Household Education Survey (NHES:91) Questionnaires: Screener, Early Childhood Education, and Adult Education	Kathryn Chandler
96-21 (Oct.)	1993 National Household Education Survey (NHES:93) Questionnaires: Screener, School Readiness, and School Safety and Discipline	Kathryn Chandler
96-22 (Oct.)	1995 National Household Education Survey (NHES:95) Questionnaires: Screener, Early Childhood Program Participation, and Adult Education	Kathryn Chandler

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